

DATE (MM/DD/YYYY) 9/9/2021

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.

	SUBROGATION IS WAIVED, subject is certificate does not confer rights to						require an endorsement.	A sta	itement on	
	DUCER USI Insurance Services N			CONTACT NAME:						
	601 Union Street, Suite 10			PHONE (A/C, No, Ext	n. 2	206-441-6300	FAX (A/C, No):			
	Seattle, WA 98101			E-MAIL ADDRESS:						
				INCLIDED A			rance Company		NAIC# 10120	
INSU	RED					urance Corp			39217	
М	ichigan State Youth Soccer Asso	ociatio	on			urance Corp	Dialion		39217	
94	401 General Drive, Suite 120			INSURER C:						
Р	lymouth MI 48170			INSURER D :						
				INSURER E :						
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	AND EMPLOYERS' LIABILITY Y / N									
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						\$		
	(Mandatory in NH) If yes, describe under						E.L. DISEASE - EA EMPLOYEE \$			
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A	llen Park High School 3401 Champaign						REOF, NOTICE WILL BE	E DEL	.IVERED IN	
Ä	llen Park MI 48101			ACCORL	DANCE WI	IN INE PULIC	Y PROVISIONS.			

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Gary D. Putterson

AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY) 9/9/2021

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GOT Union Street, Suite 1000 Seattle, WA 98101 ### 206-441-6300 ### 206-4	_					CONTA		<i>y</i> -				
NSURER 3. Exercest National Insurance Company 10120 NAMER A: Exercest National Insurance Company 10120 MUNICIPAL STATE OF THE INSURED NAME ASSOCIATION 39217 NAMER B: GREEN NAME I: GREEN NAME II G		601 Union Street, Suite 1	000					206 441 6200	FAX	\		
INSURER 2: Everest National Insurance Company 10120 MIGHigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth MI 48170 **MIRER 2: GPE Insurance Corporation** **REVISION NUMBER: **R		Seattle, WA 98101				E-MAIL ADDRESS:						
NEURER A : Everest National Insurance Company 10120 39217 3921												
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Gary D. Putterson

AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY) 9/9/2021

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).

	SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on his certificate does not confer rights to the certificate holder in lieu of such endorsement(s).												
PRO	DUC	ER USI Insurance Services N	W			CONTA NAME:	СТ						
		601 Union Street, Suite 10				PHONE (A/C, No		206-441-6300		FAX (A/C, No):			
		Seattle, WA 98101				E-MAIL ADDRE	SS:						
							INS	SURER(S) AFFOR	RDING COVERAGE			NAIC#	
						INSURE	RA: Everest	National Insu	rance Company			10120	
INSU			!			INSURE	RB: QBE Ins	surance Corp	oration			39217	
IVI 94	IICN 401	igan State Youth Soccer Asso General Drive, Suite 120	ocia	ion		INSURE	RC:						
		nouth MI 48170				INSURE	R D :						
	•					INSURE	RE:						
						INSURE	RF:						
CO	VEF	RAGES CER	TIFIC	ATE	NUMBER: 63796195				REVISION NUM	IBER:			
		IS TO CERTIFY THAT THE POLICIES ATED. NOTWITHSTANDING ANY RE											
CI	ERT	IFICATE MAY BE ISSUED OR MAY I	PERT	AIN,	THE INSURANCE AFFORDI	ED BY	THE POLICIE	S DESCRIBE	D HEREIN IS SUE				
	XCL	USIONS AND CONDITIONS OF SUCH		SUBR		BEEN F	POLICY EFF	POLICY EXP					
INSR LTR		TYPE OF INSURANCE		WVD				(MM/DD/YYYY)					
Α	1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENC	E :	\$ \$1,00	00,000	

INSR		TYPE OF INSURANCE		SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
Α	1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
								MED EXP (Any one person)	\$ Excluded
								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			SI8GL01851-211	9/1/2021	9/1/2022	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			SI8EX01724-211	9/1/2021	9/1/2022	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)						E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Par	ticipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000	

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 & Michigan Youth Soccer League 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 ### D. Patturson Gary Patterson
AMANDA MOORE ELEMENTARY 209 DICKENSON ST ROMEO MI 48065	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.

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this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).										
PRODUCER USI Insurance Ser	vices NW	CONTACT NAME:								
601 Union Street,	Suite 1000	PHONE (A/C, No. Ext):	206-441-6300	FAX (A/C, No):						
Seattle, WA 98101		E-MAIL ADDRESS:								
			INSURER(S) AFFORDING COVERAGE		NAIC#					
		INSURER A : Ever	est National Insurance Company	,	10120					
INSURED		INSURER B: QBE	Insurance Corporation		39217					
Michigan State Youth Soc 9401 General Drive, Suite	cer Association	INSURER C :								
Plymouth MI 48170	120	INSURER D :								
j		INSURER E :								
		INSURER F:								
COVERAGES	CERTIFICATE NUMBER: 63796196		REVISION NUI	MBER:						
	POLICIES OF INSURANCE LISTED BELOW HA									
	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 SUBR INSD WVD POLICY EFF POLICY EXP (MM/DD/YYYY) INSR LTR TYPE OF INSURANCE POLICY NUMBER Α **COMMERCIAL GENERAL LIABILITY** SI8GL01851-211 9/1/2021 9/1/2022 EACH OCCURRENCE DAMAGE TO RENTED \$\$1,000,000 CLAIMS-MADE ✓ OCCUR \$\$300,000 PREMISES (Ea occurrence) MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$\$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$\$5,000,000 PRO-JECT POLICY LOC PRODUCTS - COMP/OP AGG \$\$1,000,000 \$\$1,000,000 OTHER: Participant Legal Liabi COMBINED SINGLE LIMIT (Ea accident) Α **AUTOMOBILE LIABILITY** SI8GL01851-211 9/1/2021 9/1/2022 \$\$1,000,000 ANY AUTO BODILY INJURY (Per person) SCHEDULED AUTOS NON-OWNED OWNED AUTOS ONLY HIRED BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTOS ONLY **AUTOS ONLY** UMBRELLA LIAB SI8EX01724-211 9/1/2021 9/1/2022 / OCCUR EACH OCCURRENCE \$\$5,000,000 **EXCESS LIAB CLAIMS-MADE AGGREGATE** \$\$5,000,000 DED RETENTION \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? 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 UBH000005 9/1/2021 Participant Accident Medical 9/1/2022 \$100,000

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

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CERTIFICATE HOLDER	CANCELLATION
AMBASSADOR PARK 600 EAST 13 MILE RD MADISON HEIGHTS MI 48071	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) 9/9/2021

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	SUBROGATION IS WAIVED, subject is certificate does not confer rights to							require an endorsement.	A sta	atement on
_	DUCER USI Insurance Services N			moute notaer in nea or se	CONTA		·			
	601 Union Street, Suite 10	00			NAME: PHONE	PHONE FAX				
	Seattle, WA 98101				(A/C, No, Ext): 206-441-6300 (A/C, No):					
					E-MAIL ADDRESS:					
							• •	DING COVERAGE		NAIC #
								rance Company		10120
INSU N/I	кер lichigan State Youth Soccer Asso	nciat	tion		INSURE	кв: QBE Ins	urance Corp	oration		39217
94	401 General Drive, Suite 120	Joiai			INSURE	RC:				
P	lymouth MI 48170				INSURE	RD:				
					INSURE	RE:				
					INSURE	RF:				
CO	VERAGES CER	TIFIC	CATE	NUMBER: 63796197				REVISION NUMBER:		
IN CE EX	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY INCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT POLIC	REMEI AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF ANY	Y CONTRACT THE POLICIES REDUCED BY F	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPEC	TO V	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3	
Α	✓ COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,00	00,000
	CLAIMS-MADE ✓ OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300	,000
								MED EXP (Any one person)	\$ Exclu	ıded
								PERSONAL & ADV INJURY	\$\$1,00	00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$\$5,00	00,000
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$\$1,00	00.000
	OTHER:								\$\$1,00	
Α	AUTOMOBILE LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	COMPINED ONIOLE LIMIT	\$\$1,00	
	ANY AUTO								\$	
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per accident)	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
	AUTOS ONET							· · · · · · · · · · · · · · · · · · ·	\$	
	UMBRELLA LIAB ✓ OCCUR			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,00	00 000
	✓ EXCESS LIAB CLAIMS-MADE								\$\$5,00	
	DED RETENTION \$								\$.0,000
	WORKERS COMPENSATION							PER OTH- STATUTE ER	•	
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE Y / N								\$	
	OFFICER/MEMBEREXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE		
	If yes, describe under DESCRIPTION OF OPERATIONS below								\$	
В	Participant Accident Medical			UBH000005		9/1/2021	9/1/2022	\$100,000	Ψ	
	·									
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORD	101, Additional Remarks Schedu	le, may be	attached if more	space is require	ed)		
Ce	is certificate is issued on behalf of Michi rtificate holder is Additional Insured as ru the state association. Waiver of Subroga	espe	cts the	e operations of the Named	Insure	d for sanction				
CE										
CEI	RTIFICATE HOLDER				CANC	ELLATION				
52	merican Gymnastics 2057 Sierra Drive hesterfield MI 48051				THE	EXPIRATION	DATE THE	ESCRIBED POLICIES BE CA REOF, NOTICE WILL B Y PROVISIONS.		
					AUTHO	RIZED REPRESEI	NTATIVE			

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Gary D. Putterson



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		BROGATION IS WAIVED, subject ertificate does not confer rights t				uch end	dorsement(s		require an endorseme	nt. As	atement on	
PRO	DUC	ER USI Insurance Services N	W			CONTA NAME:						
		601 Union Street, Suite 10				PHONE (A/C, No	o. Ext): 2	206-441-6300	6300 FAX (A/C, No):			
		Seattle, WA 98101				PHONE (A/C, No, Ext): 206-441-6300 FAX (A/C, No): E-MAIL ADDRESS:						
						INSURER(S) AFFORDING COVERAGE					NAIC#	
						INSURE	RA: Everest	National Insu	ırance Company		10120	
	JRED					INSURE	кв: QBE Ins	surance Corp	oration		39217	
l N a	′licn ⊿∩1	igan State Youth Soccer Asso General Drive, Suite 120	ocia	tion		INSURE	RC:					
Ιĕ	lvm	nouth MI 48170				INSURE	RD:					
	,					INSURE	RE:					
						INSURE	RF:					
СО	VEF	RAGES CER	TIFIC	CATE	NUMBER: 63796198				REVISION NUMBER:			
IN C E	NDIC ERT XCL	IS TO CERTIFY THAT THE POLICIES ATED. NOTWITHSTANDING ANY RE IFICATE MAY BE ISSUED OR MAY USIONS AND CONDITIONS OF SUCH	EQUIF PERT POLI	REME AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER IS DESCRIBE	DOCUMENT WITH RESP D HEREIN IS SUBJECT	ECT TO	WHICH THIS	
INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIM	ITS		
Α	1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,0	00,000	
		CLAIMS-MADE ✓ OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300),000	
									MED EXP (Any one person)	\$ Excl	uded	
									PERSONAL & ADV INJURY	\$\$1,0	00,000	
	GE	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$\$5,0	00,000	
		POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$\$1,0	00,000	
		OTHER:							Participant Legal Liabi	\$\$1,0	00,000	
Α	AU	TOMOBILE LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,0	00,000	
		ANY AUTO							BODILY INJURY (Per person)	\$		
		OWNED SCHEDULED AUTOS							BODILY INJURY (Per acciden	:) \$		
	1	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
										\$		
		UMBRELLA LIAB ✓ OCCUR			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,0	00,000	
	1	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$\$5,0	00,000	
		DED RETENTION \$								\$		
		RKERS COMPENSATION DEMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
	ANY	PROPRIETOR/PARTNER/EXECUTIVE TO THE							E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBEREXCLUDED? N / A (Mandatory in NH)							E.L. DISEASE - EA EMPLOYE	E \$			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT				
В					UBH000005		9/1/2021	9/1/2022	\$100,000	· ·		
DES	CRIP	TION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedu	le, may b	e attached if more	e space is requir	ed)			

This certificate is issued on behalf of Michigan State Youth Soccer Association & Michigan Youth Soccer League 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
Anchor Bay School District 6319 County Line Road Fair Haven MI 48023	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) 9/9/2021

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	SUBROGATION IS WAIVED, subject is certificate does not confer rights t							require an endorsement.	A st	atement on
	DUCER USI Insurance Services N		, 0010	inoute notaer in nea or or	CONTA NAME:		., <u>,</u> .			
	601 Union Street, Suite 10				PHONE FAX					
	Seattle, WA 98101				F-MAII	, =/-	200-44 1-0300	(A/C, No):		
					ADDRESS:					
					INSURER(S) AFFORDING COVERAGE N/ INSURER A: Everest National Insurance Company 101					
INSU	RED									10120 39217
ΙV	ichigan State Youth Soccer Asse	ocia	tion		•					
8	101 General Drive, Suite 120				INSURE					
	ymouth MI 48170				INSURE					
					INSURE					
CO	VERAGES CER	TIFIC	CATE	E NUMBER: 63796199	INSURE	KF:		REVISION NUMBER:		
	IIS IS TO CERTIFY THAT THE POLICIES				VE BEE	N ISSUED TO			IE POL	ICY PERIOD
IN	DICATED. NOTWITHSTANDING ANY RE	QUIF	REME	NT, TERM OR CONDITION	OF AN'	Y CONTRACT	OR OTHER	DOCUMENT WITH RESPEC	T TO V	WHICH THIS
	ERTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH								ALL 7	HE TERMS,
INSR	TYPE OF INSURANCE	ADDL	SUBR		J 1	POLICY EFF	POLICY EXP	LIMITS		
A A	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER SI8GL01851-211		(MM/DD/YYYY) 9/1/2021	9/1/2022		\$\$1,00	0000
``	CLAIMS-MADE V OCCUR					· · · · · · · · · · · · · · · · · · ·		DAMAGE TO RENTED	\$\$1,00 \$\$300	,
	CLAIIVIO-IVIADE V OCCUR							, , , , , , , , , , , , , , , , , , , ,	\$ Exclu	,
								` ' ' '	\$ \$1,00	
	GEN'L AGGREGATE LIMIT APPLIES PER:								\$\$1,00 \$\$5,00	
	PRO-								\$\$1,00	
									\$\$1,00 \$\$1,00	
Α	OTHER: AUTOMOBILE LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	COMBINED SINGLE LIMIT	\$\$1.00	-
' '	ANY AUTO							(===========	\$ \$	00,000
	OWNED SCHEDULED							` ' '	\$	
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE	\$	
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
	UMBRELLA LIAB ✓ OCCUR			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5.00	00 000
	EXCESS LIAB CLAIMS-MADE								\$\$5,00	,
	DED RETENTION\$	1							\$ \$	00,000
	WORKERS COMPENSATION							PER OTH- STATUTE ER	Ψ	
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE								\$	
	OFFICER/MEMBEREXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT		
В	Participant Accident Medical			UBH000005		9/1/2021	9/1/2022	\$100,000	*	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORE	101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requir	ed)		
 _{Th}	a cartificate is issued an bahalf of Mich	iaan	Ctoto	Vouth Copper Apposition	0 Michi	aan Vauth Ca	ocor Longue			
Ce	s certificate is issued on behalf of Mich rtificate holder is Additional Insured as r	espe	cts th	e operations of the Named	Insure	ď for sanctior	ned activities			
of t	he state association. Waiver of Subroga	ation	appli	es when required by writter	n contra	ict.				
CE	RTIFICATE HOLDER				CANO	ELLATION				
Δ	NDERSON ELEMENTARY							ESCRIBED POLICIES BE CA		-
5	290 LEROY ST.							EREOF, NOTICE WILL B BY PROVISIONS.	E DEI	IVEKED IN
ΙĜ	RAND BLANC MI 48439							- -		

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Gary D. Putterson

AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY)

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this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).										
PRODUCER USI Insurance Services NW	CONTACT NAME:									
601 Union Street, Suite 1000	PHONE (A/C, No, Ext): 206-441-6300 FAX (A/C, No):									
Seattle, WA 98101	E-MAIL ADDRESS:									
INSURER(S) AFFORDING COVERAGE										
	INSURER A: Everest National Insurance Company	10120								
INSURED	INSURER B: QBE Insurance Corporation	39217								
Michigan State Youth Soccer Association 9401 General Drive Suite 120	INSURER C:									
Plymouth MI 48170	INSURER D :									
•	INSURER E :									
	INSURER F:									
COVERAGES CERTIFICATE NUMBER: 63796200	REVISION NUMBER:									
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA										
INSURED Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth MI 48170 COVERAGES CERTIFICATE NUMBER: 63796200 THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA	INSURER A: Everest National Insurance Company INSURER B: QBE Insurance Corporation INSURER C: INSURER C: INSURER C: INSURER E: INSURER E: INSURER F: REVISION NUMBER: WE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POL OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO MARCE ASSESSMENT OF THE POL OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO MARCE ASSESSMENT OF THE POL	39217 ICY PERIOD WHICH THIS								

EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. POLICY EFF POLICY EXP (MM/DD/YYYY) ADDL SUBR TYPE OF INSURANCE POLICY NUMBER LIMITS LTR INSD WVD **COMMERCIAL GENERAL LIABILITY** Α SI8GL01851-211 9/1/2021 9/1/2022 EACH OCCURRENCE DAMAGE TO RENTED \$\$1,000,000 CLAIMS-MADE ✓ OCCUR \$\$300,000 PREMISES (Ea occurrence) MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$\$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$\$5,000,000 PRO-JECT POLICY LOC PRODUCTS - COMP/OP AGG \$\$1,000,000 \$\$1,000,000 OTHER: Participant Legal Liabi COMBINED SINGLE LIMIT (Ea accident) Α **AUTOMOBILE LIABILITY** SI8GL01851-211 9/1/2021 9/1/2022 \$\$1,000,000 ANY AUTO BODILY INJURY (Per person) SCHEDULED AUTOS NON-OWNED OWNED AUTOS ONLY HIRED BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTOS ONLY **AUTOS ONLY** UMBRELLA LIAB SI8EX01724-211 9/1/2021 9/1/2022 / OCCUR EACH OCCURRENCE \$\$5,000,000 **EXCESS LIAB CLAIMS-MADE AGGREGATE** \$\$5,000,000 DED RETENTION \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? 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 UBH000005 9/1/2021 9/1/2022 Participant Accident Medical \$100,000

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 & Michigan Youth Soccer League 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
Ann Arbor Pioneer High School Soccer Field 601 W. Stadium Blvd Ann Arbor MI 48103	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.

	SUBROGATION IS WAIVED, subject to the terms and conditions o		•	require an endorsemen	t. A statement on			
th	is certificate does not confer rights to the certificate holder in lieu o		ıt(s).					
PROI	DUCER USI Insurance Services NW	CONTACT NAME:						
	601 Union Street, Suite 1000	PHONE (A/C, No. Ext):	206-441-630) FAX (A/C, No):				
	Seattle, WA 98101	E-MAIL ADDRESS:						
			INSURER(S) AFFO	RDING COVERAGE	NAIC#			
		INSURER A: Ever	est National Insi	urance Company	10120			
INSU		INSURER B: QBE	Insurance Corp	oration	39217			
M Q∠	lichigan State Youth Soccer Association 401 General Drive, Suite 120	INSURER C :	INSURER C:					
PI	lymouth MI 48170	INSURER D :	INSURER D:					
		INSURER E :	INSURER E :					
		INSURER F:	INSURER F:					
CO	VERAGES CERTIFICATE NUMBER: 63796201			REVISION NUMBER:				
TH	HIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW	HAVE BEEN ISSUED	TO THE INSURI	ED NAMED ABOVE FOR T	HE POLICY PERIOD			
IN	IDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION	ON OF ANY CONTRA	CT OR OTHER	DOCUMENT WITH RESPE	CT TO WHICH THIS			
CE	ERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFO	RDED BY THE POLI	CIES DESCRIBE	D HEREIN IS SUBJECT TO	O ALL THE TERMS,			
EΣ	XCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HA	VE BEEN REDUCED	BY PAID CLAIMS	i.				
INSR LTR	TYPE OF INSURANCE INSD WVD POLICY NUMBER	POLICY E (MM/DD/YY	F POLICY EXP	LIMIT	rs			
Α	COMMERCIAL GENERAL LIABILITY SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1.000.000			
	CLAIMS-MADE / OCCUR			DAMAGE TO RENTED	\$\$300,000			

LTR	TR TYPE OF INSURANCE			WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS		
Α	1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE DAMAGE TO RENTED	\$\$1,000,000	
		CLAIMS-MADE ✓ OCCUR						PREMISES (Ea occurrence)	\$\$300,000	
								MED EXP (Any one person)	\$ Excluded	
								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			SI8GL01851-211	9/1/2021	9/1/2022	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			SI8EX01724-211	9/1/2021	9/1/2022	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 Y / N	N/A					E.L. EACH ACCIDENT	\$	
	(Man	datory in NH)	117.7					E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
В					UBH000005	9/1/2021	9/1/2022	\$100,000		

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 & Michigan Youth Soccer League 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 ###################################
Assumption Church 21800 Marter Road St. Clair Shores MI 48080	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) 9/9/2021

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

	SUBROGATION IS WAIVED, subject is certificate does not confer rights to							equire an endorsement	. A st	atement on
_	DUCER USI Insurance Services N			moute notaer in nea or se	CONTAC		•			
	601 Union Street, Suite 10				NAME: PHONE OOG 444 COOD FAX					
Seattle, WA 98101					(A/C, No, Ext): 206-441-6300 (A/C, No):					
					ADDRES					
								DING COVERAGE		NAIC#
INSU	nen.							rance Company		10120
M	ichigan State Youth Soccer Asso	ocia	tion			<mark>кв: QBE Ins</mark>	urance Corpo	oration		39217
9	101 General Drive, Suite 120				INSURE					
۲	ymouth MI 48170				INSURE					
					INSURE					
CO	VERAGES CER	TIFIC	CATE	NUMBER: 63796202	INSUKL	KT.		REVISION NUMBER:		
IN CI	IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY (CLUSIONS AND CONDITIONS OF SUCH	OF I QUIF PERT	NSUF REMEN	RANCE LISTED BELOW HAV NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF ANY	CONTRACT THE POLICIES	OR OTHER DESCRIBED	OCUMENT WITH RESPEC	CT TO V	WHICH THIS
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s	
A	✓ COMMERCIAL GENERAL LIABILITY	IIIOD		SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,00	00.000
	CLAIMS-MADE ✓ OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300	· ·
								MED EXP (Any one person)	\$ Exclu	<i>'</i>
								PERSONAL & ADV INJURY	\$\$1,00	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$\$5,00	<u> </u>
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$\$1,00	00,000
	OTHER:							Participant Legal Liabi	\$\$1,00	00,000
Α	AUTOMOBILE LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,00	00,000
	ANY AUTO							BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
	✓ HIRED AUTOS ONLY ✓ NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB ✓ OCCUR			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,00	00,000
	✓ EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$\$5,00	00,000
	DED RETENTION \$								\$	
	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	Participant Accident Medical			UBH000005		9/1/2021	9/1/2022	\$100,000		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI	.ES (A	CORD	101, Additional Remarks Schedu	le, may be	attached if more	space is require	ed)		
Ce	This certificate is issued on behalf of Michigan State Youth Soccer Association & Michigan Youth Soccer League 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.									
CF	RTIFICATE HOLDER				CANC	ELLATION				
A 34	therton Elementary 144 S. Genesee Rd urton MI 48519				SHO THE	ULD ANY OF T	DATE THE	ESCRIBED POLICIES BE CA REOF, NOTICE WILL E Y PROVISIONS.		-
					AUTHO	RIZED REPRESEN	ITATIVE			

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Gary D. Putterson



DATE (MM/DD/YYYY) 9/9/2021

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If	SUBROGATION IS WAIVED, subject is certificate does not confer rights to	to th	e te	rms and conditions of th	e polic	y, certain po	olicies may ı				
	DUCER USI Insurance Services NV		Cert	incate noticer in nea or st	CONTA		<u>)·</u>				
	601 Union Street, Suite 10				NAME: PHONE (A/C, No		200 444 0000		FAX		
	Seattle, WA 98101	00			E-MAIL ADDRES	o, Ext): 2 SS:	<u>206-441-6300</u>		(A/C, No):		
						INS	URER(S) AFFOR	DING COVERAGE		NAI	IC#
					INSURE	RA: Everest	National Insu	rance Company		1012	20
INSU		:	:				surance Corpo	' '		3921	
IVI Q∠	ichigan State Youth Soccer Asso 101 General Drive, Suite 120	cıaı	ion		INSURE	RC:					
P	ymouth MI 48170				INSURE	RD:					
					INSURE	RE:					
					INSURE	RF:					
CO	VERAGES CER	TIFIC	ATE	NUMBER: 63796203				REVISION NUM	IBER:		
	HIS IS TO CERTIFY THAT THE POLICIES										
	DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY F										
E	(CLUSIONS AND CONDITIONS OF SUCH F	POLIC	CIEŚ.	LIMITS SHOWN MAY HAVE		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	✓ COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENC		\$\$1,000,000	
	CLAIMS-MADE ✓ OCCUR							DAMAGE TO RENTE PREMISES (Ea occur	D rrence)	\$\$300,000	
								MED EXP (Any one p	erson)	\$ Excluded	
								PERSONAL & ADV IN	NJURY	\$\$1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGA	ATE	\$\$5,000,000	
	POLICY PRO- JECT LOC							PRODUCTS - COMP.	OP AGG	\$\$1,000,000	
	OTHER:							Participant Legal		\$\$1,000,000	
Α	AUTOMOBILE LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	COMBINED SINGLE (Ea accident)	LIMIT	\$\$1,000,000	
	ANY AUTO							BODILY INJURY (Per	r person)	\$	
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per	- 1	\$	
	✓ HIRED AUTOS ONLY ✓ NON-OWNED AUTOS ONLY							PROPERTY DAMAGI (Per accident)	E	\$	
										\$	
	UMBRELLA LIAB ✓ OCCUR			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURRENC	E	\$\$5,000,000	
	✓ EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$\$5,000,000	
	DED RETENTION \$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
	ANYPROPRIETOR/PARTNER/EXECUTIVE T/ N	N/A						E.L. EACH ACCIDEN	Т	\$	
OFFICER/MEMBEREXCLUDED? (Mandatory in NH)								E.L. DISEASE - EA E	MPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLI	CY LIMIT	\$	
В	Participant Accident Medical			UBH000005		9/1/2021	9/1/2022	\$100,000			
DESC	PRINTION OF OREDATIONS / LOCATIONS / VEHICL	ES (A	COPD	101 Additional Bamarka Sahadul	a may be	attached if mor	o opogo io roguire	nd)			

This certificate is issued on behalf of Michigan State Youth Soccer Association & Michigan Youth Soccer League 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
Athletic Training Complex 25100 Mound Road Warren MI 48091	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) 9/9/2021

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										require an endorsement.	A sta	atement on
this certificate does not confer rights to the certificate holder in lieu of su PRODUCER USI Insurance Services NW						CONTA		<i>)</i> ·				
601 Union Street, Suite 1000						NAME: PHONE (A/C, No, Ext): 206-441-6300 (A/C, No):						
		Seattle, WA 9	8101				E-MAIL ADDRE	o, Ext): 2	206-441-6300) (A/C, No):		
		•					ADDRE					
										RDING COVERAGE		NAIC #
										irance Company		10120
	JRED (lichic	an State Youth	Soccer Asso	ncia:	tion		INSURE	RB: QBE Ins	surance Corp	oration		39217
9	401 T	General Drive,	Suite 120	Joia	lion		INSURE	RC:				
P	lymo	outh MI 48170					INSURE	R D :				
							INSURE	RE:				
							INSURE	RF:				
_		AGES				NUMBER: 63796204				REVISION NUMBER:		
										ED NAMED ABOVE FOR TH DOCUMENT WITH RESPEC		
										D HEREIN IS SUBJECT TO		
		SIONS AND CONDIT				LIMITS SHOWN MAY HAVE	BEEN F					
INSR LTR		TYPE OF INSUR	ANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	;	
Α	1	COMMERCIAL GENERA	AL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$ \$1,00	00,000
		CLAIMS-MADE	✓ OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300	,000
										· · · · · · · · · · · · · · · · · · ·	\$ Exclu	ıded
										PERSONAL & ADV INJURY	\$ \$1,00	00,000
	GEN'	L AGGREGATE LIMIT AI	PPLIES PER:							GENERAL AGGREGATE	\$\$5,00	00,000
		POLICY PRO- JECT	LOC							PRODUCTS - COMP/OP AGG	\$\$1,00	00,000
		OTHER:										00,000
Α		DMOBILE LIABILITY				SI8GL01851-211		9/1/2021	9/1/2022	COMPUTED ONIOLE LIMIT		00,000
		ANY AUTO									\$	
		OWNED AUTOS ONLY	SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
		HIRED AUTOS ONLY	NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
		AUTOU CIVET	AO 100 ONE 1								\$	
		UMBRELLA LIAB	✓ OCCUR			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURRENCE	s \$5 OC	00,000
	1	EXCESS LIAB	CLAIMS-MADE								· ,	00,000
		DED RETENTIO									\$,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	WORK	KERS COMPENSATION								PER OTH- STATUTE ER	<u>*</u>	
		EMPLOYERS' LIABILITY ROPRIETOR/PARTNER/E								· · · · · ·	\$	
	OFFIC	ER/MEMBEREXCLUDED		N/A						E.L. DISEASE - EA EMPLOYEE		
	If yes,	describe under RIPTION OF OPERATION	NS below							E.L. DISEASE - POLICY LIMIT		
В		cipant Accident Me				UBH000005		9/1/2021	9/1/2022	\$100,000	Ŧ	
DES	CRIPTIC	ON OF OPERATIONS / L	OCATIONS / VEHICL	ES (A	ACORD	101, Additional Remarks Schedu	le, may b	e attached if more	e space is requir	ed)		
					. .	V 11 0 A 111						
						Youth Soccer Association e operations of the Named						
						es when required by writter						
ᄕ	PTIEI	CATE HOLDER					CANC	CELLATION				
	KHIFI	OATE HOLDER					CAN	PLLLATION				
١.							SHC	OULD ANY OF	THE ABOVE D	ESCRIBED POLICIES BE CA	NCELL	ED BEFORE
A	1W00	od Elementary North Ave								EREOF, NOTICE WILL BI	E DEL	LIVERED IN
		mb MI 48042					ACC	OKDANCE WI	IN INE PULIC	Y PROVISIONS.		
							AUTHORIZED REPRESENTATIVE					

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Gary D. Putterson



DATE (MM/DD/YYYY)

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this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).									
•									
NAIC#									
10120									
39217									
HE POLICY PERIOD									
ECT TO WHICH THIS O ALL THE TERMS,									

EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. POLICY EFF POLICY EXP (MM/DD/YYYY) ADDL SUBR TYPE OF INSURANCE POLICY NUMBER LIMITS LTR INSD WVD **COMMERCIAL GENERAL LIABILITY** Α SI8GL01851-211 9/1/2021 9/1/2022 EACH OCCURRENCE DAMAGE TO RENTED \$\$1,000,000 CLAIMS-MADE ✓ OCCUR \$\$300,000 PREMISES (Ea occurrence) MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$\$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$\$5,000,000 PRO-JECT POLICY LOC PRODUCTS - COMP/OP AGG \$\$1,000,000 \$\$1,000,000 OTHER: Participant Legal Liabi COMBINED SINGLE LIMIT (Ea accident) Α **AUTOMOBILE LIABILITY** SI8GL01851-211 9/1/2021 9/1/2022 \$\$1,000,000 ANY AUTO BODILY INJURY (Per person) SCHEDULED AUTOS NON-OWNED OWNED AUTOS ONLY HIRED BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTOS ONLY **AUTOS ONLY** UMBRELLA LIAB SI8EX01724-211 9/1/2021 9/1/2022 / OCCUR EACH OCCURRENCE \$\$5,000,000 **EXCESS LIAB CLAIMS-MADE AGGREGATE** \$\$5,000,000 DED RETENTION \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? 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 UBH000005 9/1/2021 9/1/2022 Participant Accident Medical \$100,000

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 & Michigan Youth Soccer League 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
AUBURN HILLS COMMUNITY CENTER MULTISPORTS FIEL 1800 VALLEY VIEW DR AUBURN HILLS MI 48236	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 confer rights to the certificate holder in lieu of such endorsement(s).									
CONTACT NAME:									
(A/C, No, Ext): 206-441-6300 (A/C, No):									
E-MAIL ADDRESS:									
INSURER(S) AFFORDING COVERAGE	NAIC#								
INSURER A: Everest National Insurance Company	10120								
INSURER B: QBE Insurance Corporation	39217								
INSURER C:									
INSURER D:									
INSURER E:									
INSURER F:									
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.									
	CONTACT NAME: PHONE (A/C, No, Ext): 206-441-6300 FAX (A/C, No): E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: Everest National Insurance Company INSURER B: QBE Insurance Corporation INSURER C: INSURER C: INSURER C: INSURER F: REVISION NUMBER: AVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO NOTED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL TO								

SR ADDLISUBR POLICY EFF POLICY EXP									
	TYPE OF INSURANCE			POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	s	
1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000	
	CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000	
							MED EXP (Any one person)	\$ Excluded	
							PERSONAL & ADV INJURY	\$\$1,000,000	
GEN							GENERAL AGGREGATE	\$\$5,000,000	
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$\$1,000,000	
	OTHER:						Participant Legal Liabi	\$\$1,000,000	
AUT	OMOBILE LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000	
ANY AUTO							BODILY INJURY (Per person)	\$	
OWNED SCHEDULED							BODILY INJURY (Per accident)	\$	
/	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
								\$	
	UMBRELLA LIAB ✓ OCCUR			SI8EX01724-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,000,000	
1	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$\$5,000,000	
	DED RETENTION \$							\$	
	EMPLOYEDS! LIABILITY						PER OTH- STATUTE ER		
ANYF	PROPRIETOR/PARTNER/EXECUTIVE T N	N / A					E.L. EACH ACCIDENT	\$	
(Man	ndatory in NH)	117.2					E.L. DISEASE - EA EMPLOYEE	\$	
If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
Part	ticipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000		
	GEN WORAND OFFI (Mar If yee	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCY LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY UMBRELLA LIAB UMBRELLA LIAB CCUR CLAIMS-MADE	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- DIECT OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY UMBRELLA LIAB V OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	TYPE OF INSURANCE TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY CLAIMS-MADE CCAIMS-MADE CC	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY CLAIMS-MADE CCAIMS-MADE N/A WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE (Mandatory in NH) If yes, describe under CDESCRIPTION OF OPERATIONS below	TYPE OF INSURANCE TYPE OF INSURANCE ADDL SUBR INSUR WYD POLICY NUMBER POLICY NUMBER POLICY NUMBER POLICY SIBGLO1851-211 9/1/2021 GEN'L AGGREGATE LIMIT APPLIES PER: POLICY JECT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY AUTOS ONLY AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY UMBRELLA LIAB VOCCUR CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYER'S LIABILITY ANY ANY POPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	TYPE OF INSURANCE INSU WYD POLICY NUMBER (MM/DD/YYYY) POLICY EXP (MM/DD/YYYYY) POLICY EXP (MM/DD/YYYYY) POLICY EXP (MM/DD/YYYYY) POLICY EXP (MM/DD/YYYYY) POLICY EXP (MM/DD/YY	TYPE OF INSURANCE ADDI. SURP. POLICY EFF. (MM/DD/YYY) (MM/DD/YY) (MM/DD/YY) (MM/DD/YYY) (MM/DD/YY) (MM/	

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

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CERTIFICATE HOLDER	CANCELLATION
AUBURN PARK 430 S AUBURN ST. AUBURN HILLS MI 48611	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) 9/9/2021

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	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).											
	DUCER USI Insurance Services N				CONTACT							
	601 Union Street, Suite 10				PHONE		206-441-6300	FAX				
	Seattle, WA 98101				(A/C, No E-MAIL	,	100-441-0300	(A/C, No):				
					ADDRESS:							
								DING COVERAGE		NAIC#		
INSU	DED.							rance Company		10120		
M	ichigan State Youth Soccer Asso	ociat	tion			<mark>кв: QBE Ins</mark>	urance Corpo	oration		39217		
9,	401 General Drive, Suite 120 lymouth MI 48170				INSURE							
Г	lymouth wir 48170				INSURE							
					INSURE							
CO	VERAGES CER	TIFIC	CATE	NUMBER: 63796207				REVISION NUMBER:				
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW FINDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFOR EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAN						CONTRACT THE POLICIES	OR OTHER DESCRIBED	OCUMENT WITH RESPEC	CT TO V	WHICH THIS		
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S			
Α	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE DAMAGE TO RENTED	\$\$1,00	00,000		
	CLAIMS-MADE ✓ OCCUR							PREMISES (Ea occurrence)	\$\$300	<i>'</i>		
								MED EXP (Any one person)	\$ Exclu			
								PERSONAL & ADV INJURY	\$\$1,00	<u> </u>		
	POLICY PRO- POLICY PRO- JECT LOC						GENERAL AGGREGATE	\$\$5,00	· · · · · · · · · · · · · · · · · · ·			
								PRODUCTS - COMP/OP AGG	\$\$1,00	· ·		
Α	OTHER: AUTOMOBILE LIABILITY	SI8GL01851-211				9/1/2021	9/1/2022	Participant Legal Liabi COMBINED SINGLE LIMIT	\$1,00 \$1,00			
	ANY AUTO						(Ea accident) BODILY INJURY (Per person)	\$	00,000			
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per accident)	\$			
	AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$			
	AUTOS ONLT							(i di addident)	\$			
	UMBRELLA LIAB ✓ OCCUR			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,00	00,000		
	✓ EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$\$5,00	00,000		
	DED RETENTION \$								\$			
	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	\$			
	Participant Accident Medical			UBH000005			9/1/2022	\$100,000				
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORD	101, Additional Remarks Schedu	le, may be	attached if more	space is require	ed)				
Ce	s certificate is issued on behalf of Mich rtificate holder is Additional Insured as r he state association. Waiver of Subroga	espe	cts the	e operations of the Named	Insured	d for sanction						
CEI	RTIFICATE HOLDER				CANC	ELLATION						
Avondale High School 2800 Waukegan Street Auburn Hills MI 48326					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.							
					OHIUA	RIZED REPRESEN	NIAIIVE					

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Gary D. Putterson



DATE (MM/DD/YYYY) 9/9/2021

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the nolicy(les) must have ADDITIONAL INSURED provisions or be endorsed

If S	UBROGATION IS WAIVED, subject certificate does not confer rights	t to the te	erms and conditions of th	ne polic uch en	cy, certain po dorsement(s	olicies may	•		
PRODU	ICER USI Insurance Services N	W		CONTA NAME:	СТ				
	601 Union Street, Suite 10	000		PHONE (A/C, No	o. Ext): 2	206-441-6300		FAX (A/C. No):	
	Seattle, WA 98101			E-MAIL ADDRE	SS:		<u> </u>	, ,	
					INS	SURER(S) AFFOR	DING COVERAGE		NAIC#
				INSURE	RA: Everest	National Insu	rance Company		10120
INSURI				INSURE	RB: QBE Ins	surance Corp	oration		39217
Mic	chigan State Youth Soccer Ass 11 General Drive, Suite 120		INSURE	RC:					
Plv	mouth MI 48170			INSURER D:					
,				INSURER E :					
				INSURE	RF:				
COV	ERAGES CEF	RTIFICATI	E NUMBER: 63796208	REVISION NUMBER:					
IND	S IS TO CERTIFY THAT THE POLICIES ICATED. NOTWITHSTANDING ANY R	EQUIREME	NT, TERM OR CONDITION	OF AN	Y CONTRACT	OR OTHER I	DOCUMENT WITH	RESPECT	T TO WHICH THIS
	RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH							JECT TO	ALL THE TERMS,
INSR LTR	TYPE OF INSURANCE	ADDL SUBF	₹		POLICY EFF	POLICY EXP		LIMITS	
Α,	COMMERCIAL GENERAL LIABILITY		SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE		\$1,000,000
	CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTE PREMISES (Ea occur		\$\$300,000
							MED EXP (Any one p	erson) \$	Excluded
							DEDCOMAL & ADVIA		¢1 000 000

PERSONAL & ADV INJURY \$\$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$\$5,000,000 PRO-JECT LOC POLICY PRODUCTS - COMP/OP AGG \$\$1,000,000 OTHER: Participant Legal Liabi \$\$1,000,000 COMBINED SINGLE LIMIT (Ea accident) Α **AUTOMOBILE LIABILITY** SI8GL01851-211 9/1/2021 9/1/2022 \$\$1,000,000 ANY AUTO BODILY INJURY (Per person) OWNED AUTOS ONLY HIRED SCHEDULED AUTOS NON-OWNED BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTOS ONLY **AUTOS ONLY** UMBRELLA LIAB SI8EX01724-211 9/1/2021 9/1/2022 / OCCUR EACH OCCURRENCE \$\$5,000,000 **EXCESS LIAB** CLAIMS-MADE AGGREGATE \$\$5,000,000 DED RETENTION \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? 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 UBH000005 9/1/2021 9/1/2022 Participant Accident Medical \$100,000

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

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CERTIFICATE HOLDER	CANCELLATION
Avondale High School Athletics 2800 Waukegan Auburn Hills MI 48236	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 Hosy D. Putturson
	Gary Patterson



DATE (MM/DD/YYYY) 9/9/2021

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

	SUBROGATION IS WAIVED, subject is certificate does not confer rights to							require an endorsement.	A st	atement on	
_	DUCER USI Insurance Services N				CONTACT NAME:						
	601 Union Street, Suite 10				PHONE (A/C, No	- Eve):	206-441-6300	FAX (A/C, No):			
	Seattle, WA 98101				F-MAII	,	-000 441 0000	(A/C, NO).			
					ÄDÖRESS: INSURER(S) AFFORDING COVERAGE NAIC					NAIC#	
					INSURER A : Everest National Insurance Company 10120						
INSU	RED						surance Corp			39217	
М	lichigan State Youth Soccer Asso	ociati	ion				surance Corp	Oralion		39217	
94	401 General Drive, Suite 120				INSURE						
Р	lymouth MI 48170				INSURE						
					INSURE						
	VERAGES CER	TIEIC		NUMBER, 20722222	INSURE	RF:		DEVISION NUMBER:			
	HIS IS TO CERTIFY THAT THE POLICIES			NUMBER: 63796209	/C RCC	N ISSUED TO	THE INCLIDE	REVISION NUMBER:	IE DOI	ICV DEDIOD	
IN	IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I	QUIR	EME	NT, TERM OR CONDITION	OF AN	CONTRACT	OR OTHER I	DOCUMENT WITH RESPEC	T TO V	WHICH THIS	
	XCLUSIONS AND CONDITIONS OF SUCH								7122	TIE TETWO,	
INSR LTR	TYPE OF INSURANCE	ADDL S		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3		
Α	✓ COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,00	00.000	
	CLAIMS-MADE ✓ OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300	.000	
								, , , , , , , , , , , , , , , , , , , ,	\$ Exclu	<i></i>	
		LIMIT APPLIES PER: PRO LOC						` ' ' '	\$\$1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:								\$\$5,000,000		
									\$\$1,00	00 000	
	OTHER:								\$\$1,00		
Α	AUTOMOBILE LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	COMPINED ONIOLE LIMIT	\$\$1,00		
	ANY AUTO	ANY AUTO						\$	2,000		
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per accident)	\$		
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$			
	AUTOS ONET								\$		
	UMBRELLA LIAB ✓ OCCUR			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5.00	00.000	
	✓ EXCESS LIAB CLAIMS-MADE								\$\$5,00		
	DED RETENTION \$								\$		
	WORKERS COMPENSATION							PER OTH- STATUTE ER	•		
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE								\$		
	OFFICER/MEMBEREXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below								\$		
В	Participant Accident Medical			UBH000005		9/1/2021	9/1/2022	\$100,000			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICE	FC /A	CORR	404 Additional Demonto Cahadul			!!-	-d)			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	LES (A	COKD	101, Additional Remarks Schedul	e, may be	attacheu ii illor	e space is requir	euj			
	is certificate is issued on behalf of Mich										
	rtificate holder is Additional Insured as r the state association. Waiver of Subroga						ed activities				
	9		• •	. ,							
CFI	RTIFICATE HOLDER				CANC	ELLATION					
<u> </u>	ATTENDED EN				SAIT	AIION					
۸.	vandala Middla Cahaal					ESCRIBED POLICIES BE CA					
	vondale Middle School 445 West Auburn Road							EREOF, NOTICE WILL B BY PROVISIONS.	E DEI	LIVERED IN	
Ŕ	ochester Hills MI 48309	400	C.NDANOL WI								

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Gary D. Putterson

AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY)

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	confer rights to the certificate holder in lieu of s			and an endorsement. A si	atomont on				
PRODUCER USI Insurance	Services NW	CONTACT NAME:							
601 Union Str	eet, Suite 1000	PHONE (A/C, No. Ext):	206-441-6300	FAX (A/C, No):					
Seattle, WA 9	3101	E-MAIL ADDRESS:							
			INSURER(S) AFFORDIN	IG COVERAGE	NAIC#				
		INSURER A: Evere	est National Insurar	nce Company	10120				
INSURED	0	INSURER B: QBE	39217						
Michigan State Youth 9401 General Drive,	Soccer Association Suite 120	INSURER C:							
Plymouth MI 48170	Julic 120	INSURER D :							
•		INSURER E :							
		INSURER F:							
COVERAGES	CERTIFICATE NUMBER: 63796210		RE	VISION NUMBER:					
	THE POLICIES OF INSURANCE LISTED BELOW HA								
	ANDING ANY REQUIREMENT, TERM OR CONDITION								
	SUED OR MAY PERTAIN, THE INSURANCE AFFORD TIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE			BEREIN IS SUBJECT TO ALL	THE TERMS,				
INSR	ADDLISUBRI	POLICY EF							

INSR LTR		ADDL SUI		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	 S
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE COCCUR	NOD WY	SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,000,000 \$\$300,000
						MED EXP (Any one person)	\$ Excluded
						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		SI8GL01851-211	9/1/2021	9/1/2022	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		SI8EX01724-211	9/1/2021	9/1/2022	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	Participant Accident Medical		UBH000005	9/1/2021	9/1/2022	\$100,000	

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

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CERTIFICATE HOLDER	CANCELLATION
AVONDALE PARK 3400 BATHURST ROCHESTER HILLS 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
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CANCELLATION

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CERTIFICATE HOLDER



DATE (MM/DD/YYYY) 9/9/2021

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

	SUBROGATION IS WAIVED, subjectise to confer rights in the confer rights.				f the policy, certain policies may require an endorsement. A statement on f such endorsement(s).					
PROI	DUCER USI Insurance Services N	W			CONTAC NAME:	СТ	,			
	601 Union Street, Suite 10				PHONE (A/C, No, Ext): 206-441-6300 FAX (A/C, No):					
	Seattle, WA 98101				E-MAIL	ADC, NO, EAT). 200 441 0000 (ARC, NO). E-MAIL ADDRESS:				
										NAIC#
INSU								rance Company		10120
	ichigan State Youth Soccer Ass	ocia	tion		INSURE	RB: QBE Ins	surance Corp	oration		39217
94	101 General Drive, Suite 120	00.0			INSURE	RC:				
P	ymouth MI 48170				INSURE	RD:				
					INSURE	RE:				
					INSURE	RF:				
				NUMBER: 63796211				REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABC INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WI'CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SEXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.							DOCUMENT WITH RESPEC HEREIN IS SUBJECT TO	T TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	;	
Α	✓ COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,00	00,000
	CLAIMS-MADE ✓ OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$300	,000
								MED EXP (Any one person)	\$ Exclu	ıded
								PERSONAL & ADV INJURY	\$\$1,00	00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							\$\$5,000,000		
	POLICY PRO- JECT LOC								\$\$1,00	00,000
	OTHER:								\$\$1,00	
Α	AUTOMOBILE LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	COMPINIED ONIOLE LIMIT	\$\$1,00	
	ANY AUTO								\$	50,000
	OWNED SCHEDULED							` ' '	\$	
	AUTOS ONLY AUTOS NON-OWNED							DDODEDT//DAMAGE	\$	
	AUTOS ONLY AUTOS ONLY								\$	
	UMBRELLA LIAB / OCCUR			SI8EX01724-211		9/1/2021	9/1/2022		-	20.000
	/ EVOSOULAR			OIOLX01724 211		3/1/2021	3/1/2022		\$ \$5,00	· ·
	CLAIWS-WADE	4							\$ \$5,00	00,000
	DED RETENTION \$ WORKERS COMPENSATION								\$	
	AND EMPLOYERS' LIABILITY Y / N							PER OTH- STATUTE ER		
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$	
1	DÉSCRIPTION OF OPERATIONS below			LIDLIGGGGG		0/4/0004	0/4/0000		\$	
В	Participant Accident Medical			UBH000005		9/1/2021	9/1/2022	\$100,000		
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORD	101, Additional Remarks Schedul	e, may be	e attached if more	e space is requir	ed)		
Ce	s certificate is issued on behalf of Micl tificate holder is Additional Insured as he state association. Waiver of Subrog	respe	cts th	e operations of the Named	Insure	ď for sanction	ccer League ed activities			
CEI	RTIFICATE HOLDER				CANC	ELLATION				
13	AKER MIDDLE SCHOOL 859 TORPEY DRIVE ROY MI 48083		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							

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Gary D. Putterson

AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY)

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		•	icate does not confer rights to the certificate holder in lieu of such endorsement(s).									
PRO	DUC	ER USI Insurance Services N	W			CONTAI NAME:	СТ	•				
		601 Union Street, Suite 10				PHONE (A/C, No		206-441-6300)	FAX (A/C, No):		
		Seattle, WA 98101				E-MAIL ADDRE	SS:					
							INS	SURER(S) AFFOR	RDING COVERAGE			NAIC#
						INSURE	RA: Everest	National Insu	rance Company			10120
INSU		in a Chata Varith Caraa Aan	INSURE	RB: QBE Ins	surance Corp	oration			39217			
Michigan State Youth Soccer Association 9401 General Drive, Suite 120						INSURER C:						
P	lym	outh MI 48170				INSURE	R D :					
	•					INSURE	RE:					
						INSURE	RF:					
CO	VEF	RAGES CER	TIFIC	CATE	NUMBER: 63796212				REVISION NUM	MBER:		
		S TO CERTIFY THAT THE POLICIES										
		ATED. NOTWITHSTANDING ANY RE IFICATE MAY BE ISSUED OR MAY										
_	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 WVD		POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS						
Α	/	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	_	9/1/2021	9/1/2022	EACH OCCURRENG	CE	\$\$1.00	00.000

INSR		TYPE OF INSURANCE		SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
Α	1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
								MED EXP (Any one person)	\$ Excluded
								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			SI8GL01851-211	9/1/2021	9/1/2022	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			SI8EX01724-211	9/1/2021	9/1/2022	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)						E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Par	ticipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000	

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 & Michigan Youth Soccer League 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
BARNARD ELEMENTARY SCHOOL 3601 FORGE Troy MI 48083	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) 9/9/2021

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	SUBROGATION IS WAIVED, subject is certificate does not confer rights t				the policy, certain policies may require an endorsement. A statement on such endorsement(s).						
_	DUCER USI Insurance Services N		-		CONTACT NAME:						
	601 Union Street, Suite 10				PHONE FAX						
	Seattle, WA 98101				(A/C, No, Ext): 206-441-6300 (A/C, No): E-MAIL ADDRESS:						
					INSURER(S) AFFORDING COVERAGE					NAIC #	
					INSURE	RA: Everest	National Insu	irance Company		10120	
INSU	^{кер} ichigan State Youth Soccer Ass	ocia	tion		INSURER B: QBE Insurance Corporation 3921						
	101 General Drive, Suite 120	UUIA	liOH		INSURE	RC:					
ΙĚ	ymouth MI 48170				INSURE	RD:					
					INSURE	RE:					
					INSURE	RF:					
CO	/ERAGES CER	TIFIC	CATE	NUMBER: 63796213				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.								WHICH THIS			
INSR LTR	TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
Α	✓ COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022		\$\$1,00	00,000	
1	CLAIMS-MADE ✓ OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300	,000	
								MED EXP (Any one person)	\$ Exclu	ıded	
								PERSONAL & ADV INJURY	\$\$1,00	00,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:									00,000	
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	s \$1 OC	00,000	
	OTHER:									00,000	
Α	AUTOMOBILE LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	COMPUTED ONIOLE LIMIT		00,000	
	ANY AUTO						,	φι,σς \$	70,000		
	OWNED SCHEDULED							BODILY INJURY (Per accident)	\$		
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE	\$ \$		
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
	UMBRELLA LIAB / OCCUP			SI8EX01724-211		9/1/2021	9/1/2022			0.000	
	/ EXOCOLUAD			OIOLX01724 211		0/1/2021	0/1/2022			00,000	
	CLAIMS-IMADE								. ,	00,000	
	DED RETENTION \$ WORKERS COMPENSATION							PER OTH- STATUTE ER	\$		
	AND EMPLOYERS' LIABILITY Y / N										
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A							\$		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE			
В	DÉSCRIPTION OF OPERATIONS below Participant Accident Medical			UBH000005		9/1/2021	9/1/2022	E.L. DISEASE - POLICY LIMIT \$100,000	\$		
	Farticipant Accident Medical			OBH000003		9/1/2021	9/1/2022	\$100,000			
DES	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORE	0 101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requir	ed)			
	s certificate is issued on behalf of Mich										
Ce	tificate holder is Additional Insured as in the state association. Waiver of Subrog	espe	cts th	e operations of the Named	Insure	d for sanction	ed activities				
01	the state association. Walver of Subrog	allOH	appiii	es when required by writter	COILLE	iCi.					
$ldsymbol{le}}}}}}}}$											
CERTIFICATE HOLDER						ELLATION					
ΙĒ	arnum Center erce Street				THE	EXPIRATION	N DATE TH	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL BI Y PROVISIONS.			
ΙB	rmingham MI 48009				l						

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Gary D. Putterson

AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY) 9/9/2021

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	SUBROGATION IS WAIVED, subject is certificate does not confer rights to							require an endorsement.	A sta	atement on
_	DUCER USI Insurance Services N			moute notaer in nea or se	CONTACT					
	601 Union Street, Suite 10	00			NAME: PHONE (A/C, No		000 444 0000	FAX		
	Seattle, WA 98101				E-MAIL	o, Ext):	<u>206-441-6300</u>	(A/C, No):		
					E-MAIL ADDRESS:					
					INSURER(S) AFFORDING COVERAGE NAIC #					
								rance Company		10120
INSU	^{кер} lichigan State Youth Soccer Asso	ociat	tion		INSURE	RВ: QBE Ins	urance Corp	oration		39217
94	401 General Drive, Suite 120	Julai	liOII		INSURE	RC:				
P	lymouth MI 48170				INSURE	RD:				
					INSURE	RE:				
					INSURE	RF:				
CO	VERAGES CER	TIFIC	CATE	NUMBER: 63796214				REVISION NUMBER:		
IN CE EX	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY INCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT POLIC	REMEI AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF ANY	Y CONTRACT THE POLICIES REDUCED BY F	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPEC	TO V	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3	
Α	✓ COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,00	00,000
	CLAIMS-MADE ✓ OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300	,000
								MED EXP (Any one person)	\$ Exclu	ıded
								PERSONAL & ADV INJURY	\$\$1,00	00.000
	GEN'L AGGREGATE LIMIT APPLIES PER:								\$\$5,00	•
	PRO-								\$\$1,000,000	
	OTHER:								\$\$1,00	· ·
Α	UTOMOBILE LIABILITY SI8GL01851-211					9/1/2021	9/1/2022	COMPINED ONIOLE LIMIT	\$\$1,00	
	ANY AUTO							\$	00,000	
	OWNED SCHEDULED							` ' '	\$	
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE	\$	
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
	UMBRELLA LIAB / OCCUR			SI8EX01724-211		9/1/2021	9/1/2022			20.000
	/ System / Occur			OIOEXOTTE4 ETT		0/1/2021	OTTILOLL		\$\$5,00	· ·
	CLAIWS-IWADL								\$\$5,00	00,000
	DED RETENTION \$ WORKERS COMPENSATION								\$	
	AND EMPLOYERS' LIABILITY Y / N									
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED?	N/A							\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$	
_	DÉSCRIPTION OF OPERATIONS below			LIBLIAGOS		0///000/	0.11.100.00		\$	
В	Participant Accident Medical			UBH000005		9/1/2021	9/1/2022	\$100,000		
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	.ES (A	CORD	101, Additional Remarks Schedul	e, may be	attached if more	space is require	ed)		
Ce	s certificate is issued on behalf of Michi rtificate holder is Additional Insured as r the state association. Waiver of Subroga	espe	cts the	e operations of the Named	Insure	d for sanction				
CE	RTIFICATE HOLDER				CANC	ELLATION				
46	each Park 695 Beach Road oy MI 48085				THE	EXPIRATION	DATE THE	ESCRIBED POLICIES BE CA REOF, NOTICE WILL B Y PROVISIONS.		
					AUTHO	RIZED REPRESEI	NTATIVE			

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Gary D. Putterson



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	If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on										
thi	s certificate does not confer rights	to the cer	tificate holder in lieu of si).					
PROD	JCER USI Insurance Services N	IW		CONTACT NAME:							
	601 Union Street, Suite 1	000		PHONE (A/C, No	, Ext):	206-441-6300)	FAX (A/C, No):			
	Seattle, WA 98101			É-MAIL ADDRES	SS:						
					INS	SURER(S) AFFOR	RDING COVERAGE			NAIC#	
				INSURE	RA: Everest	National Insu	ırance Company	/		10120	
INSUR	 -	:_:		INSURE	кв: QBE Ins	surance Corp	oration			39217	
IVII Q <i>A</i>	chigan State Youth Soccer Ass 01 General Drive, Suite 120	ociation		INSURE	INSURER C:						
	mouth MI 48170			INSURE	INSURER D:						
				INSURE	RE:						
				INSURER F:							
COV	ERAGES CEI	RTIFICAT	E NUMBER: 63796215				REVISION NUI	VIBER:			
THI	S IS TO CERTIFY THAT THE POLICIE	S OF INSU	IRANCE LISTED BELOW HA'	VE BEE	N ISSUED TO	THE INSURE	ED NAMED ABOV	E FOR TH	HE POLIC	CY PERIOD	
IND	ICATED. NOTWITHSTANDING ANY R	EQUIREME	ENT, TERM OR CONDITION	OF ANY	CONTRACT	OR OTHER I	DOCUMENT WIT	H RESPEC	CT TO W	HICH THIS	
CE	RTIFICATE MAY BE ISSUED OR MAY	PERTAIN,	THE INSURANCE AFFORD	ED BY	THE POLICIE	S DESCRIBEI	D HEREIN IS SU	BJECT TO	ALL TH	HE TERMS,	
EX	CLUSIONS AND CONDITIONS OF SUCH	POLICIES	. LIMITS SHOWN MAY HAVE	BEEN R	REDUCED BY	PAID CLAIMS.					
INSR LTR	TYPE OF INSURANCE	ADDL SUB INSD WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	S		
Α	COMMERCIAL GENERAL LIABILITY		SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURREN		\$\$1,000),000	
	CLAIMS MADE / OCCUP						DAMAGE TO RENT	ED ,	¢ ¢200 0	100	

LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
Α	1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
								MED EXP (Any one person)	\$ Excluded
								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			SI8GL01851-211	9/1/2021	9/1/2022	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			SI8EX01724-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,000,000
	1	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$\$5,000,000
		DED RETENTION \$							\$
		KERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Mar	datory in NH)						E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Par	icipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000	

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 & Michigan Youth Soccer League 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
Beaufait Farms (Soccer Field) 46138 Lookout Drive Macomb MI 48044	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) 9/9/2021

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.

	SUBROGATION IS WAIVED, subject is certificate does not confer rights				•	•	•	require an endo	orsement.	. A sta	itement on
_	DUCER USI Insurance Services N		ceru	ilcate floider in fled of St	CONTA NAME:).				
	601 Union Street, Suite 1				PHONE (A/C, No		206-441-6300)	FAX (A/C, No):		
	Seattle, WA 98101				E-MAIL ADDRE	SS:					
						INS	SURER(S) AFFOR	DING COVERAGE			NAIC#
					INSURE	RA: Everest	National Insu	rance Company			10120
INSU			INSURE	RB: QBE Ins	surance Corpo	oration			39217		
Michigan State Youth Soccer Association 9401 General Drive, Suite 120						INSURER C:					
P	ymouth MI 48170				INSURER D:						
	•				INSURE	RE:					
					INSURE	RF:					
CO	/ERAGES CE	RTIFIC	CATE	NUMBER: 63796216				REVISION NUI	MBER:		
	IIS IS TO CERTIFY THAT THE POLICIE										
	DICATED. NOTWITHSTANDING ANY F RTIFICATE MAY BE ISSUED OR MAY										
E	CLUSIONS AND CONDITIONS OF SUCH	POLI	CIEŚ.								,
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	3	
Α	✓ COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENC	CF	s \$1 00	0.000

LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
Α	<	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
								MED EXP (Any one person)	\$ Excluded
								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			SI8GL01851-211	9/1/2021	9/1/2022	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			SI8EX01724-211	9/1/2021	9/1/2022	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 Y / N	N/A					E.L. EACH ACCIDENT	\$
	(Man	CER/MEMBEREXCLUDED?	117.2					E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Pari	ticipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000	

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 & Michigan Youth Soccer League 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
BEDFORD HIGH SCHOOL 8486 DOUGLAS TEMPERANCE MI 48182	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) 9/9/2021

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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 this certificate does not confer rights to the certificate holder in lieu of								require an endorsement	. Ast	atement on	
PRO	DUCER USI Insurance Services N	W			CONTACT NAME:						
	601 Union Street, Suite 10				PHONE FAX						
	Seattle, WA 98101				(A/C, No, Ext): 206-441-6300 (A/C, No): E-MAIL ADDRESS:						
					ADDRES						
					INSURER(S) AFFORDING COVERAGE					NAIC#	
INSU	DED							rance Company		10120	
	ichigan State Youth Soccer Asso	ociati	ion		INSURE	кв: QBE Ins	surance Corp	oration		39217	
94	401 General Drive, Suite 120	Joian			INSURE	RC:					
Р	lymouth MI 48170				INSURE	RD:					
					INSURE	RE:					
					INSURE	RF:					
CO	VERAGES CER	TIFIC	ATE	NUMBER: 63796217				REVISION NUMBER:			
IN CI E)	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I KCLUSIONS AND CONDITIONS OF SUCH	QUIRI PERTA POLIC	EME! AIN, CIES.	NT, TERM OR CONDITION (THE INSURANCE AFFORDE LIMITS SHOWN MAY HAVE (OF ANY	CONTRACT THE POLICIES REDUCED BY 1	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPECT TO	OT TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL S	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S		
Α	✓ COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1.00	00,000	
	CLAIMS-MADE ✓ OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300		
								MED EXP (Any one person)	\$ Exclu	•	
								PERSONAL & ADV INJURY		00,000	
	CENTI ACCRECATE LIMIT ADDI IES DED							GENERAL AGGREGATE		00,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- LOC LOC								,		
								PRODUCTS - COMP/OP AGG	\$\$1,00	,	
Α	OTHER: AUTOMOBILE LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	Participant Legal Liabi COMBINED SINGLE LIMIT (Ea accident)	\$\$1,00		
^		ANY AUTO				9/1/2021	9/1/2022		\$\$1,00 \$	00,000	
	OWNED SCHEDULED							BODILY INJURY (Per person)			
	AUTOS ONLY AUTOS NON-OWNED							· ' /	\$		
	AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB ✓ OCCUR			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,00	00,000	
	✓ EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$\$5,00	00,000	
	DED RETENTION \$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH)	11/2						E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
В	Participant Accident Medical			UBH000005		9/1/2021	9/1/2022	\$100,000			
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORD	101, Additional Remarks Schedul	e, may be	attached if more	e space is requir	ed)			
Ce	s certificate is issued on behalf of Michi rtificate holder is Additional Insured as ru he state association. Waiver of Subroga	espec	ts th	e operations of the Named	Insure	d for sanction					
CE	RTIFICATE HOLDER				CANO	ELLATION					
OEI	THI IOATE HOLDER				CANC	LLLA I IUN					
3	emis Elementary School 571 Northfield Pkwy ov MI 48084				THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E Y PROVISIONS.			

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Gary D. Putterson

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.

If the cartificate holder is an ADDITIONAL INSURED, the notice/(ies) must have ADDITIONAL INSURED provisions or be endorsed

If SUBROGATION IS WAIVED, subject to the terms and conditions this certificate does not confer rights to the certificate holder in lieu	s of the policy, certain policies may require an endorsement. A state u of such endorsement(s).	
PRODUCER USI Insurance Services NW 601 Union Street, Suite 1000 Seattle, WA 98101	CONTACT NAME: PHONE (A/C, No, Ext): 206-441-6300 FAX (A/C, No): E-MAIL	
	ADDRESS: INSURER(S) AFFORDING COVERAGE	NAIC#
	INSURER A: Everest National Insurance Company	10120
INSURED	INSURER B: QBE Insurance Corporation	39217
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:	
Plymouth MI 48170	INSURER D:	
•	INSURER E:	
	INSURER F:	
COVERAGES CERTIFICATE NUMBER: 637962	218 REVISION NUMBER:	
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR COND CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AF EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY		HICH THIS
INSR TYPE OF INSURANCE ADDL SUBR INSD WVD POLICY NUM	POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) LIMITS	
A COMMERCIAL GENERAL LIABILITY SI8GL01851-211	9/1/2021 9/1/2022 EACH OCCURRENCE \$\$1,000,	000
CLAIMS-MADE ✓ OCCUR	DAMAGE TO RENTED PREMISES (Ea occurrence) \$\$300,00)0
	MED EXP (Any one person) \$ Exclude) d
	PERSONAL & ADV INJURY \$\$1,000,	000

LTR	TYPE OF INSURANCE		INSD WVD		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
Α	1	COMMERCIAL GENERAL LIABILITY		SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
							MED EXP (Any one person)	\$ Excluded
							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	AU.	TOMOBILE LIABILITY		SI8GL01851-211	9/1/2021	9/1/2022	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		SI8EX01724-211	9/1/2021	9/1/2022	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	\$
	(Mai	ndatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$
	If ye	s, describe under CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
В	Par	ticipant Accident Medical		UBH000005	9/1/2021	9/1/2022	\$100,000	

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

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CERTIFICATE HOLDER	CANCELLATION
Berkley Hurley Field 2211 Oakshire Berkley MI 48072	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
	dary Fatterson



DATE (MM/DD/YYYY) 9/9/2021

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			•								
lf	SUE	RTANT: If the certificate I BROGATION IS WAIVED, sertificate does not confer	subject	to th	e ter	ms and conditions of th	e polic uch end	cy, certain po dorsement(s	olicies may	•	
PROD	UCE	R USI Insurance Servi	ices N\	N			CONTAC NAME: PHONE				
	601 Union Street, Suite 1000							o, Ext): 2	206-441-6300) FAX (A/C, No):	
		Seattle, WA 98101					E-MAIL ADDRES	SS:			
								INS	URER(S) AFFOR	RDING COVERAGE	NAIC#
							INSURE	RA: Everest	National Insu	irance Company	10120
INSU		01-1-1/- 11-0					INSURE	кв: QBE Ins	surance Corp	oration	39217
IVI Q∠	ICNI LO 1	gan State Youth Socce General Drive, Suite 1	er Asso 120	ociai	ion		INSURE	RC:			
ΡΙ	ym	outh MI 48170	120				INSURE	RD:			
	-						INSURE	RE:			
							INSURER F:				
COVERAGES CERTIFICATE NUMBER: 63796219 REVISION NUMBER:											
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORI EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVI			NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN'	Y CONTRACT THE POLICIES REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPECT TO	CT TO WHICH THIS			
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 LIABILI	ITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCU	UR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
										MED EXP (Any one person)	\$ Excluded
										PERSONAL & ADV INJURY	\$\$1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PE	ER:							GENERAL AGGREGATE	\$\$5,000,000
		POLICY PRO- LO	С							PRODUCTS - COMP/OP AGG	\$\$1,000,000
		OTHER:								Participant Legal Liabi	\$\$1,000,000
Α	AUT	OMOBILE LIABILITY				SI8GL01851-211		9/1/2021	9/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
		ANY AUTO								BODILY INJURY (Per person)	\$
		OWNED SCHEDU AUTOS								BODILY INJURY (Per accident)	\$
	/	HIRED NON-OW AUTOS ONLY								PROPERTY DAMAGE (Per accident)	\$
											\$
		UMBRELLA LIAB	UD			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCUPPENCE	e \$5,000,000

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

UBH000005

This certificate is issued on behalf of Michigan State Youth Soccer Association & Michigan Youth Soccer League 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
Berkley School District 3205 CATALPA Berkley MI 48072	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 ###################################

9/1/2021

9/1/2022

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EACH OCCURRENCE

STATUTE

E.L. EACH ACCIDENT

E.L. DISEASE - EA EMPLOYEE

E.L. DISEASE - POLICY LIMIT

AGGREGATE

\$100,000

\$\$5,000,000

\$\$5,000,000

\$

\$

✓ OCCUR

RETENTION \$

CLAIMS-MADE

N/A

EXCESS LIAB

WORKERS COMPENSATION

AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED?

If yes, describe under DESCRIPTION OF OPERATIONS below

Participant Accident Medical

DED

(Mandatory in NH)



DATE (MM/DD/YYYY) 9/9/2021

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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).											
	USI Insurance Services N		- 0011	moute notaer in nea or or	CONTAC		<i>j</i> ·			_		
	601 Union Street, Suite 10				NAME: PHONE		206 441 6200	FAX		-		
	Seattle, WA 98101				(A/C, No.	,	206-441-6300) (A/C, No):		-		
					ADDRES					\dashv		
								RDING COVERAGE	NAIC#	\dashv		
INSU	DED.							irance Company	10120	\dashv		
	chigan State Youth Soccer Ass	ociat	tion				surance Corp	oration	39217	-		
9∠	01 General Drive, Suite 120	0.0.0			INSURE	RC:				-		
PI	ymouth MI 48170				INSURE	RD:				_		
					INSURE	RE:				_		
L					INSURE	RF:				\Box		
				NUMBER: 63796220				REVISION NUMBER:	.=	_		
	IS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE											
CE	RTIFICATE MAY BE ISSUED OR MAY	PERT	AIN,	THE INSURANCE AFFORD	ED BY 1	THE POLICIE	S DESCRIBE	D HEREIN IS SUBJECT TO				
	CLUSIONS AND CONDITIONS OF SUCH				BEEN R							
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s			
Α	✓ COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000			
	CLAIMS-MADE ✓ OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000			
								MED EXP (Any one person)	\$ Excluded			
								PERSONAL & ADV INJURY	\$\$1,000,000			
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- LOC					GENERAL AGGREGATE	\$\$5,000,000					
						PRODUCTS - COMP/OP AGG	\$\$1,000,000					
	OTHER:						Participant Legal Liabi	\$\$1,000,000				
Α	AUTOMOBILE LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$\$1.000.000			
	ANY AUTO							BODILY INJURY (Per person)	\$			
	OWNED SCHEDULED AUTOS ONLY AUTOS					BODILY INJURY (Per accident)	\$	П				
	AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	П		
	AUTOS ONET							(i ci accident)	\$			
	UMBRELLA LIAB ✓ OCCUR			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,000,000	\neg		
	✓ EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$\$5,000,000	_		
	DED RETENTION \$							AGGREGATE	\$	_		
	WORKERS COMPENSATION							PER OTH-	Ψ	\neg		
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$	-		
	OFFICER/MEMBEREXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE		-		
	(Mandatory in 141) If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT		-		
В	Participant Accident Medical			UBH000005		9/1/2021	9/1/2022	\$100,000	Ψ	_		
								, , , , , , , , , , , , , , , , , , , ,				
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101 Additional Pamarks Schodu	le may be	attached if mor	e space is requir	ed)		_		
	NII HON OF OF ERATIONS / ESSATIONS / VEHICL		COND	101, Additional Remarks Ocheda	ie, may be	attached il illoi	e space is requir	eu,				
	s certificate is issued on behalf of Mich											
of t	tificate holder is Additional Insured as r ne state association. Waiver of Subroga	especation :	applie	e operations of the Named es when required by writter	n contra	a ior sanction ct.	ied activities					
	3		• •	' ,								
<u> </u>		CERTIFICATE HOLDER						CANCELLATION				
CEF	TIFICATE HOLDER				CANC	ELLATION				_		
CEF	TIFICATE HOLDER						THE AROVE D	ESCRIBED POLICIES RE CA	ANCELLED REFORE			
В	erkley School District				SHO! THE	ULD ANY OF	N DATE THE	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E LY PROVISIONS.				

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Gary D. Putterson

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.

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PROD	JCER USI Insurance Services N	IW			CONTA NAME:	СТ					
	601 Union Street, Suite 1	PHONE (A/C, No	o. Ext): 2	206-441-6300)	FAX (A/C. No):					
	Seattle, WA 98101				E-MAIL ADDRE				, , ,		
						INS	SURER(S) AFFOR	DING COVERAGE			NAIC#
			INSURE	RA: Everest	National Insu	rance Company			10120		
INSUR					INSURE	RB: QBE Ins	surance Corp	oration			39217
IVII	chigan State Youth Soccer Ass D1 General Drive, Suite 120	ociat	ion		INSURE	RC:					
Ply	mouth MI 48170				INSURER D:						
					INSURE	RE:					
					INSURE	RF:					
COV	ERAGES CEI	RTIFIC	ATE	NUMBER: 63796221				REVISION NUM	IBER:		
	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY R										
CE	RTIFICATE MAY BE ISSUED OR MAY	PERT	AIN,	THE INSURANCE AFFORD	ED BY	THE POLICIE	S DESCRIBE	D HEREIN IS SUE			
	CLUSIONS AND CONDITIONS OF SUCH				BEEN F						
INSR LTR	TYPE OF INSURANCE	ADDL INSD		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	;	
Α	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENC		\$ \$1,00	00,000
	CLAIMS-MADE ✓ OCCUR							DAMAGE TO RENTE PREMISES (Ea occu		\$\$300	,000
								MED EXP (Any one p	person)	\$ Exclu	ıded
		1 1				l .	ı	I			

Α	1	COMMERCIAL GENERAL LIABILITY		SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
							MED EXP (Any one person)	\$ Excluded
							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		SI8GL01851-211	9/1/2021	9/1/2022	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		SI8EX01724-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,000,000
	\	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$\$5,000,000
		DED RETENTION \$						\$
		KERS COMPENSATION EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE T N	N/A				E.L. EACH ACCIDENT	\$
	OFFICER/MEMBEREXCLUDED? N / A (Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Par	icipant Accident Medical		UBH000005	9/1/2021	9/1/2022	\$100,000	

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 & Michigan Youth Soccer League 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
Berlin Township Memorial Park 740 CAPAC RD. ALLENTON MI 48002	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	Gary Patterson



DATE (MM/DD/YYYY) 9/9/2021

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PROI	DUCER USI Insurance Services N	IW			CONTA NAME:	СТ				
	601 Union Street, Suite 1				PHONE (A/C, No		206-441-6300	FAX (A/C, No):		
	Seattle, WA 98101				E-MAIL ADDRE	SS:				
						INS	URER(S) AFFOR	RDING COVERAGE	NAIC #	:
					INSURE	RA: Everest	National Insu	rance Company	10120	
INSU					INSURE	кв: QBE Ins	surance Corp	oration	39217	
IVI Q∠	ichigan State Youth Soccer Ass 101 General Drive, Suite 120	ocia	tion		INSURE	RC:				
	ymouth MI 48170				INSURER D:					
	•				INSURER E :					
					INSURE	RF:				
CO	/ERAGES CE	RTIFIC	CATE	NUMBER: 63796222				REVISION NUMBER:		
	IIS IS TO CERTIFY THAT THE POLICIE DICATED. NOTWITHSTANDING ANY F									
_	RTIFICATE MAY BE ISSUED OR MAY		,						ALL THE TERM	S,
	CLUSIONS AND CONDITIONS OF SUCH		CIES. I SUBR		BEEN F					
INSR LTR	TYPE OF INSURANCE		WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	3	
Α	✓ COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000	
		- 1	1			1	I	DAMAGE TO RENTED		

LTR	TR TYPE OF INSURANCE		INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	
Α	1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE DAMAGE TO RENTED	\$\$1,000,000
1		CLAIMS-MADE ✓ OCCUR						PREMISES (Ea occurrence)	\$\$300,000
								MED EXP (Any one person)	\$ Excluded
								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			SI8GL01851-211	9/1/2021	9/1/2022	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			SI8EX01724-211	9/1/2021	9/1/2022	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 7/N	N/A					E.L. EACH ACCIDENT	\$
	OFFICER/MEMBEREXCLUDED? (Mandatory in NH)		17.7					E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В					UBH000005	9/1/2021	9/1/2022	\$100,000	

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

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CERTIFICATE HOLDER	CANCELLATION
Bethesda Christian Church 27446 Huntington Warren MI 48088	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)

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this certificate does not come rights to the certificate holder in fied of such endorsement(s).								
PRODUCER USI Insurance Servi	ces NW	CONTACT NAME:						
601 Union Street, S	uite 1000	PHONE (A/C, No, Ext):	206-441-6300	FAX (A/C, No):				
Seattle, WA 98101		E-MAIL ADDRESS:						
			NAIC#					
		INSURER A: Eve	10120					
INSURED	er Association	INSURER B: QBE	39217					
Michigan State Youth Socce 9401 General Drive, Suite 1		INSURER C :						
Plymouth MI 48170	120	INSURER D :						
		INSURER E:						
		INSURER F:						
COVERACES	CERTIFICATE NUMBER: 00700000		DEVICE	ON NUMBER.				

COVERAGES CERTIFICATE NUMBER: 63796223 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 ADDL SUBR POLICY EFF POLICY EXP						
TYPE OF INSURANCE	INSD WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
COMMERCIAL GENERAL LIABILITY		SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
CLAIMS-MADE ✓ OCCUR					PREMISES (Ea occurrence)	\$\$300,000
					MED EXP (Any one person)	\$ Excluded
					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		SI8GL01851-211	9/1/2021	9/1/2022	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		SI8EX01724-211	9/1/2021	9/1/2022	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	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	\$
Participant Accident Medical		UBH000005	9/1/2021	9/1/2022	\$100,000	
	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY CLAIMS-MADE CCAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCY PRODUCY PRODUCY OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY AUTOS ONLY AUTOS ONLY UMBRELLA LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	TYPE OF INSURANCE TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- POLICY JECT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY WORKERS COMPENSATION \$ WORKERS COMPENSATION ANY PROPRIETOR/PARTNER/EXECUTIVE OMNED DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OMNETOR OCCUR CLAIMS-MADE V/N OCCUR CLAIMS-MADE N/A WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OMNIC Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY CLAIMS-MADE COUNTER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPOPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER REXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	TYPE OF INSURANCE ADDL SUBR POLICY NUMBER POLICY STATE COMMERCIAL GENERAL LIABILITY SI8GL01851-211 9/1/2021 CLAIMS-MADE	TYPE OF INSURANCE INSU WVD POLICY NUMBER (MM/DD)YYYY) COMMERCIAL GENERAL LIABILITY CLAIMS-MADE COCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROPORTION AUTO OWNED AUTOS ONLY AUTOS ON	TYPE OF INSURANCE ADDL SURP POLICY NUMBER POLICY EFF (MM/DD/YYY) (MM/DD/YYY) MM/DD/YYY) LIMIT COMMERCIAL GENERAL LIABILITY CALAIMS-MADE OCCUR CLAIMS-MADE OCCUR CALAIMS-MADE OCCUR CLAIMS-MADE OCCUR CALAIMS-MADE OCCUR

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

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CERTIFICATE HOLDER	CANCELLATION
BETHESDA CHRISTIAN CHURCH/SCHOOL 14000 METROPOLITAN PARKWAY STERLING HEIGHTS MI 48312	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



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this certificate does not conferrights to the certificate holder in lieu of such endorsement(s).								
PRODUCER USI Insurance Serv		CONTACT NAME:						
601 Union Street, S	Suite 1000	PHONE (A/C, No, Ext):	206-441-6300	FAX (A/C, No):				
Seattle, WA 98101		E-MAIL ADDRESS:						
			INSURER(S) AFFORDING COVI	ERAGE	NAIC#			
		INSURER A : Eve	ompany	10120				
INSURED	cer Association	INSURER B: QB		39217				
Michigan State Youth Soco 9401 General Drive, Suite		INSURER C:						
Plymouth MI 48170	120	INSURER D :						
-		INSURER E :						
		INSURER F:						
COVERAGES	CERTIFICATE NUMBER: 63796224		REVISIO	N 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	COLOGICINO AND CONDITIONS OF SOCI	ADDLS			POLICY EFF	POLICY EXP		
LTR	TYPE OF INSURANCE	INSD \	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
Α	CLAIMS-MADE OCCUR			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,000,000 \$\$300.000
							MED EXP (Any one person)	\$ Excluded
							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			SI8GL01851-211	9/1/2021	9/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
	ANY AUTO						BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	✓ HIRED AUTOS ONLY ✓ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB ✓ OCCUR			SI8EX01724-211	9/1/2021	9/1/2022	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 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	Participant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000	

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

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1	AUTHORIZED REPRESENTATIVE ###################################
Birmingham Community Education 2436 W. Lincoln Ave. Birmingham MI 48009	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) 9/9/2021

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	SUBROGATION IS WAIVED, subject s certificate does not confer rights				•	•	•	require an endorsemei	nt. A st	atement on
PROI	UCER USI Insurance Services N	IW			CONTA NAME:	СТ				
	601 Union Street, Suite 1				PHONE (A/C, No	o. Ext):	206-441-6300	FAX (A/C, No	:	
	Seattle, WA 98101				E-MAIL ADDRE	SS:				
						INS	SURER(S) AFFOR	RDING COVERAGE		NAIC#
			INSURE	RA: Everest	National Insu	rance Company		10120		
	Michigan State Youth Soccer Association 9401 General Drive, Suite 120					кв: QBE Ins	surance Corp	oration		39217
IVI Q∠						INSURER C:				
Plymouth MI 48170					INSURER D:					
	,				INSURER E :					
					INSURER F:					
CO	ZERAGES CEI	RTIFIC	CATE	NUMBER: 63796225				REVISION NUMBER:		
	IS IS TO CERTIFY THAT THE POLICIE									
	DICATED. NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR MAY									
	CLUSIONS AND CONDITIONS OF SUCH								O ALL	THE TERIVIS,
INSR LTR	TYPE OF INSURANCE		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIM	TS	
Α	✓ COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,0	00,000

LTR	TR TYPE OF INSURANCE			WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS		
Α	1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000	
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000	
								MED EXP (Any one person)	\$ Excluded	
								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			SI8GL01851-211	9/1/2021	9/1/2022	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			SI8EX01724-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,000,000	
	1	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$\$5,000,000	
		DED RETENTION \$							\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$	
	(Mar	datory in NH)						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
В	Par	icipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000		

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 & Michigan Youth Soccer League 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
Birmingham Covington School 1525 Covington Rd. Bloomfield Hills MI 48301	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 Harry D. Patterson
1	Gary Patterson



DATE (MM/DD/YYYY) 9/9/2021

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).									
PRODUC	ER USI Insurance Services N	W		CONTA NAME:	СТ					
	601 Union Street, Suite 10			PHONE (A/C, No	n Ext):	206-441-6300)	FAX (A/C, No):		
	Seattle, WA 98101			E-MAIL ADDRE				(120,110).		
					INS	SURER(S) AFFOR	RDING COVERAGE			NAIC#
				INSURE	RA: Everest	National Insu	rance Company			10120
INSURED					кв: QBE Ins	surance Corp	oration			39217
Mich	nigan State Youth Soccer Ass 1 General Drive, Suite 120	INSURER C:								
Plymouth MI 48170					INSURER D :					
,				INSURER E :						
				INSURE	RF:					
COVE	RAGES CER	TIFIC	ATE NUMBER: 63796226				REVISION NUM	/IBER:		
_	IS TO CERTIFY THAT THE POLICIES CATED. NOTWITHSTANDING ANY RE									
	TIFICATE MAY BE ISSUED OR MAY							BJECT TO	ALL 1	HE TERMS,
	USIONS AND CONDITIONS OF SUCH	POLIC		BEEN F	POLICY EFF	PAID CLAIMS. POLICY EXP				
INSR LTR	TYPE OF INSURANCE	INSD \				(MM/DD/YYYY)		LIMITS	3	
Α 🗸	COMMERCIAL GENERAL LIABILITY		SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENC		\$\$1,00	00,000
	CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTE PREMISES (Ea occu	ED urrence)	\$\$300	,000
						1				

			IIIOD	TTT	. 02.01.1022.1		(INTINITION TO THE TENT		
Α	1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
								MED EXP (Any one person)	\$ Excluded
								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			SI8GL01851-211	9/1/2021	9/1/2022	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 V NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB ✓ OCCUR			SI8EX01724-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,000,000
	1	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	Part	icipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000	·

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 & Michigan Youth Soccer League 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
Birmingham Public Schools 31301 Evergreen Road Beverly Hills MI 48025	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) 9/9/2021

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

		BROGATION IS WAIVED, sertificate does not confer i					ıch end	lorsement(s		equire an endorsement	. A st	atement on
PRO	DUCE	R USI Insurance Servi	ces NV	<u>v </u>			CONTACT NAME:					
		601 Union Street, St					PHONE (A/C, No, Ext): 206-441-6300 FAX (A/C, No):					
		Seattle, WA 98101					E-MAIL ADDRES			(100,110).		
							7,22,1,2,		SURER(S) AFFOR	DING COVERAGE		NAIC#
							INSURE	RA: Everest	National Insu	rance Company		10120
INSURED							INSURE	кв: QBE Ins	surance Corp	oration		39217
M O	ichi	gan State Youth Socce General Drive, Suite 1	er Asso	ciati	on		INSURE	RC:				
l P	vm	outh MI 48170	20				INSURE	RD:				
	,						INSURE	RE:				
							INSURE	RF:				
CO	/ER	AGES	CERT	TFIC	ATE	NUMBER: 63796227				REVISION NUMBER:		
IN CI E)	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		NSD S	WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
A	✓	CLAIMS-MADE / OCCU				SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,00	
		CLAIMS-MADE ✓ OCCU	JK							MED EXP (Any one person)	\$\$300 \$Exclu	
										PERSONAL & ADV INJURY	\$\$1,00	
	CEN	 N'L AGGREGATE LIMIT APPLIES PE	D:							GENERAL AGGREGATE	\$\$5,00	
	GEN	POLICY PRO- JECT LOG								PRODUCTS - COMP/OP AGG	\$\$1,00	
		OTHER:								Participant Legal Liabi	\$\$1,00	· ·
A	AUT	OMOBILE LIABILITY				SI8GL01851-211		9/1/2021	9/1/2022	COMBINED SINGLE LIMIT		00.000
		ANY AUTO								(Ea accident) BODILY INJURY (Per person)	\$	70,000
		OWNED SCHEDUL	.ED							BODILY INJURY (Per accident)	\$	
	./	AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY	NED							PROPERTY DAMAGE (Per accident)	\$	
	•	AUTOS ONLY AUTOS OF	INLT							(Fer accident)	\$	
		UMBRELLA LIAB ✓ OCCU	JR			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,00	0,000
	✓	EXCESS LIAB CLAIM	IS-MADE							AGGREGATE	\$\$5,00	00,000
		DED RETENTION \$									\$	
	WOR	RKERS COMPENSATION EMPLOYERS' LIABILITY								PER OTH- STATUTE ER		
	ANYI	PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBEREXCLUDED?	∀/N	N/A						E.L. EACH ACCIDENT	\$	
	(Man	ndatory in NH)	Ш'.	.,,						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes	s, describe under CRIPTION OF OPERATIONS below								E.L. DISEASE - POLICY LIMIT	\$	
В	Part	ticipant Accident Medical				UBH000005		9/1/2021	9/1/2022	\$100,000		
DES	RIPT	TION OF OPERATIONS / LOCATIONS	S / VEHICLE	S (A	CORD	101, Additional Remarks Schedul	e, may be	attached if more	e space is require	ed)		
Ce	rtific	rtificate is issued on behalf c ate holder is Additional Insu tate association. Waiver of S	red as re	spec	ts th	e operations of the Named	Insured	d for sanction	ccer League ed activities			

	AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE
Birmingham Public Schools 550 West Merrill Birmingham MI 48009	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)

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this certificate does not confer rights to the certificate	ite nolder in lieu of s	uch endorseme	nt(s).					
PRODUCER USI Insurance Services NW		CONTACT NAME:						
601 Union Street, Suite 1000		PHONE (A/C, No, Ext):	206-441-6300	FAX (A/C, No):				
Seattle, WA 98101		E-MAIL ADDRESS:						
			RAGE	NAIC#				
		INSURER A: Eve	mpany	10120				
INSURED		INSURER B: QBE Insurance Corporation 39217						
Michigan State Youth Soccer Association 9401 General Drive, Suite 120		INSURER C:						
Plymouth MI 48170		INSURER D :						
		INSURER E :						
		INSURER F:						
COVERAGES CERTIFICATE NU	JMBER: 63796228		REVISIO	N NUMBER:				
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD								

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 MAT HAVE BEEN REDUCED BY PAID CLAIMS.									
INSR LTR		TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
Α	1	COMMERCIAL GENERAL LIABILITY		SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000		
		CLAIMS-MADE ✓ OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000		
							MED EXP (Any one person)	\$ Excluded		
							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	AUTOMOBILE LIABILITY		SI8GL01851-211	9/1/2021	9/1/2022	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		SI8EX01724-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,000,000		
	1	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	Participant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000			

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

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CERTIFICATE HOLDER	CANCELLATION				
Birmingham Public Schools (Seaholm High School) 2436 West Lincoln Birmingham MI 48009	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)

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lf	SUE	RTANT: If the certificate holder i BROGATION IS WAIVED, subject ertificate does not confer rights to	to th	e te	rms and conditions of th	e polic	y, certain po	olicies may i				
	DUCE					CONTAC NAME:						
		601 Union Street, Suite 10				PHONE (A/C, No, Ext): 206-441-6300 (A/C, No):						
		Seattle, WA 98101				E-MAIL ADDRESS:						
								NAIC#				
						INSURE	RA: Everest	National Insu	rance Company		10120	
INSU		Olata Valla Olata A				INSURE	кв: QBE Ins	surance Corp	oration		39217	
		gan State Youth Soccer Asso General Drive, Suite 120	ociat	ion		INSURE	RC:					
P	lym	outh MI 48170				INSURE	RD:					
	•					INSURE	RE:					
						INSURE	RF:					
CO	VER	AGES CER	TIFIC	ATE	NUMBER: 63796229				REVISION NUMBER:			
IN CI E)	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. ST											
INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT			
Α	1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,00	0,000	
		CLAIMS-MADE ✓ OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,	000	
									MED EXP (Any one person)	\$ Exclu	ded	
									PERSONAL & ADV INJURY	\$\$1,00	0,000	
	GEN	I'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$\$5,00	0,000	
		POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$\$1,00	0,000	
		OTHER:							Participant Legal Liabi	\$\$1,00	0,000	
Α	AUT	OMOBILE LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,00	0,000	
		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			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,00	0,000	
	/	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$\$5,00	0,000	
		DED RETENTION \$								\$		
		KERS COMPENSATION EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
	ANY	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBEREXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
	(Mar	datory in NH)							E.L. DISEASE - EA EMPLOYEE	\$		
L_	DÉS	CRIPTION OF OPERATIONS below						- 1 - 1 - 1	E.L. DISEASE - POLICY LIMIT	\$		
В	Part	icipant Accident Medical			UBH000005		9/1/2021	9/1/2022	\$100,000			

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

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CERTIFICATE HOLDER	CANCELLATION
Bishop Foley Catholic High School 32000 Campbell Madison Heights MI 48071	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
	dary ratiosoff



DATE (MM/DD/YYYY) 9/9/2021

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unis certificate does not confer i	rights to the certificate holder in hed of s	uch endorseme	π(5).							
PRODUCER USI Insurance Servi	ces NW	CONTACT NAME:								
601 Union Street, St	uite 1000	PHONE (A/C, No, Ext):	206-441-6300	FAX (A/C, No):						
Seattle, WA 98101		E-MAIL ADDRESS:								
			INSURER(S) AFFORDING COVER	AGE	NAIC#					
		INSURER A : Eve	pany	10120						
INSURED CLARA VALUE OF THE CONTROL O		INSURER B: QBE	Insurance Corporation		39217					
Michigan State Youth Socce 9401 General Drive, Suite 1	er Association 120	INSURER C :								
Plymouth MI 48170	120	INSURER D:								
,		INSURER E :								
		INSURER F:								
COVERAGES	CERTIFICATE NUMBER: 63796230		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. POLICY EFF POLICY EXP ADDL SUBR **TYPE OF INSURANCE** POLICY NUMBER LTR INSD WVD **COMMERCIAL GENERAL LIABILITY** Α SI8GI 01851-211 9/1/2021 9/1/2022 EACH OCCURRENCE DAMAGE TO RENTED \$\$1,000,000 CLAIMS-MADE ✓ OCCUR \$\$300,000 PREMISES (Ea occurrence) MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$\$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$\$5,000,000 PRO-JECT POLICY LOC PRODUCTS - COMP/OP AGG \$\$1,000,000 \$\$1,000,000 OTHER: Participant Legal Liabi COMBINED SINGLE LIMIT (Ea accident) Α **AUTOMOBILE LIABILITY** SI8GL01851-211 9/1/2021 9/1/2022 \$\$1,000,000 ANY AUTO BODILY INJURY (Per person) SCHEDULED AUTOS NON-OWNED OWNED AUTOS ONLY HIRED BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTOS ONLY **AUTOS ONLY** UMBRELLA LIAB SI8EX01724-211 9/1/2021 9/1/2022 / OCCUR EACH OCCURRENCE \$\$5,000,000 **EXCESS LIAB CLAIMS-MADE AGGREGATE** \$\$5,000,000 DED RETENTION \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? 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 UBH000005 9/1/2021 Participant Accident Medical 9/1/2022 \$100,000

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

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CERTIFICATE HOLDER	CANCELLATION
BISHOP GALLAGHER SOCCER FIELDS 36301 Utica Road STERLING HEIGHTS MI 48312	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) 9/9/2021

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

		BROGATION IS WAIVED, subject ertificate does not confer rights t				•	•	•	require an endo	rsement.	A sta	atement on
		R USI Insurance Services N				CONTACT NAME:						
		601 Union Street, Suite 10				PHONE (A/C, No. Ext): 206-441-6300 (A/C, No):						
		Seattle, WA 98101				E-MAIL ADDRE	SS:					
							INS	SURER(S) AFFOR	DING COVERAGE			NAIC#
						INSURE	RA: Everest	National Insu	rance Company			10120
INSUR		area Oteta Veritle Oceania Ace	!			INSURE	RB: QBE Ins	surance Corp	oration			39217
	CNI .01	gan State Youth Soccer Asso General Drive, Suite 120	ociai	lon		INSURER C:						
		outh MI 48170				INSURE	RD:					
						INSURE	RE:					
						INSURER F:						
COV	'ER	AGES CER	TIFIC	CATE	NUMBER: 63796231				REVISION NUM	IBER:		
		S TO CERTIFY THAT THE POLICIES ATED. NOTWITHSTANDING ANY RE										
		FICATE MAY BE ISSUED OR MAY										
	CLL	ISIONS AND CONDITIONS OF SUCH		CIES. I SUBR I		BEEN F						
INSR LTR		TYPE OF INSURANCE	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	3			
Α	/	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	_	9/1/2021	9/1/2022	EACH OCCURRENC		\$\$1,00	00,000
		CLAIMS-MADE ✓ OCCUR							DAMAGE TO RENTE PREMISES (Ea occu	ED irrence)	\$\$300	.000

LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS		
Α	1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000	
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000	
								MED EXP (Any one person)	\$ Excluded	
								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	AUT	OMOBILE LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	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			SI8EX01724-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,000,000	
	✓	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$\$5,000,000	
		DED RETENTION \$							\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
		PROPRIETOR/PARTNER/EXECUTIVE	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	Participant Accident Medical				UBH000005	9/1/2021	9/1/2022	\$100,000		

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 & Michigan Youth Soccer League 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
Bloomfield Tennis Fitness 799 Denison CT Bloomfield TWP MI 48302	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)

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

	SUBROGATION IS WAIVED, subject his certificate does not confer rights to							require an end	orsement	. A st	atement on		
_	DUCER USI Insurance Services N'			inoute notaer in nea or or	CONTACT NAME:								
	601 Union Street, Suite 10				PHONE (A/C, No, Ext): 206-441-6300 (A/C, No):								
	Seattle, WA 98101				E-MAIL ADDRESS:								
					INSURER(S) AFFORDING COVERAGE								
					, ,								
INSL	JRED				INSURER A: Everest National Insurance Company 1012								
ΙN	lichigan State Youth Soccer Asso	ociat	tion		INSURER B: QBE Insurance Corporation 392								
	401 General Drive, Suite 120				INSURER C: INSURER D:								
٢	lymouth MI 48170												
					INSURE								
\Box	VERAGES CER	TIFIC	ATE	E NUMBER: 63796232	INSURE	:KF:		REVISION NU	MRED:				
	HIS IS TO CERTIFY THAT THE POLICIES				VE BEE	N ISSUED TO				HE POL	ICY PERIOD		
I۱	IDICATED. NOTWITHSTANDING ANY RE	QUIF	REME	NT, TERM OR CONDITION	OF AN	Y CONTRACT	OR OTHER I	DOCUMENT WIT	H RESPE	CT 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			SUBR WVD		DELIVI	POLICY EFF	POLICY EXP		LIMIT				
A	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER SI8GL01851-211		(MM/DD/YYYY) 9/1/2021	(MM/DD/YYYY) 9/1/2022	EAGU GOOUDDEN			20,000		
l '`				5.56201001211		3, 1, 2021	3, 1, 2022	DAMAGE TO RENT	ΓED	. ,	00,000		
	CLAIMS-MADE OCCUR							PREMISES (Ea occ		\$\$300 \$Exclu	<i>'</i>		
								MED EXP (Any one					
								PERSONAL & ADV			00,000		
	POLICY PROJECT LOC							GENERAL AGGRE					
								PRODUCTS - COM		\$\$1,00 \$\$1,00	,		
A	OTHER: AUTOMOBILE LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	Participant Leg		\$\$1,00	,		
``	ANY AUTO			0.00.20.00.1		0202.	02022	(Ea accident) BODILY INJURY (F	er person)	\$	00,000		
	OWNED SCHEDULED							BODILY INJURY (F	. ,	\$			
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMA		\$			
	AUTOS ONLY AUTOS ONLY							(Per accident)		\$			
	UMBRELLA LIAB ✓ OCCUR			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCUPPEN	ICE	-	00,000		
	UMBRELLA LIAB			0.02/0.72.72.7		0202.	02022	EACH OCCURREN AGGREGATE	CE	. ,	00,000		
	CLAIIVIS-IVIADE							AGGREGATE		\$ \$5,00	00,000		
	DED RETENTION \$ WORKERS COMPENSATION							PER STATUTE	OTH- ER	φ			
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDE		\$			
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA		-			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PO					
В	Participant Accident Medical			UBH000005		9/1/2021	9/1/2022	\$100,000	LICT LIMIT	Ψ			
	·												
DES	LCRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORE) 101, Additional Remarks Schedu	le, may b	e attached if mor	e space is require	ed)					
l			. .					•					
	is certificate is issued on behalf of Mich ertificate holder is Additional Insured as r												
of	the state association. Waiver of Subroga	ation	appli	es when required by writter	n contra	act.							
CF	RTIFICATE HOLDER				CANO	CELLATION							
<u> </u>					5,714								
l	aulan Middla Cabaal							ESCRIBED POLIC			-		
3	oulan Middle School 570 Northfield Pkwy							EREOF, NOTICE Y PROVISIONS.	WILL E	BE DEI	LIVERED IN		
Ť	roy MI 48084					CREATOR W							
					AUTHO	RIZED REPRESE	NTATIVE						
							1	Jary D.	Pil	UM.	m		
					i				3		ren Telling		

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DATE (MM/DD/YYYY) 9/9/2021

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	SUBROGATION IS WAIVED, subject s certificate does not confer rights				•	•	•	require an endo	orsement	. A Sta	atement on
PROD	ucer USI Insurance Services N	1M			CONTAC NAME:	СТ					
	601 Union Street, Suite 1				PHONE (A/C. No	o. Ext):	206-441-6300	1	FAX (A/C, No):		
	Seattle, WA 98101				E-MAIL ADDRES	SS:					
						INS	SURER(S) AFFOR	DING COVERAGE			NAIC#
					INSURE	RA: Everest	National Insu	rance Company	,		10120
INSUF					INSURE	RB: QBE Ins	surance Corpo	oration			39217
IVII	chigan State Youth Soccer Ass 01 General Drive, Suite 120	sociat	ion		INSURE	RC:					
Pl	mouth MI 48170				INSURER D:						
	•				INSURER E :						
					INSURER F:						
COV	ERAGES CE	RTIFIC	ATE	NUMBER: 63796233	REVISION NUMBER:						
	IS IS TO CERTIFY THAT THE POLICIE										
	DICATED. NOTWITHSTANDING ANY F										
	RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH		,					י חבאבווי וס 50	DJECI IC) ALL I	TE LEKIVIS,
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER	POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS						
Α	/ COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCUPPEN	CE	s \$1 00	00.000

LTR	TYPE OF INSURANCE			WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS		
Α	1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000	
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000	
								MED EXP (Any one person)	\$ Excluded	
								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	AUT	OMOBILE LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	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			SI8EX01724-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,000,000	
	1	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$\$5,000,000	
		DED RETENTION \$							\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE Y / N	N/A					E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBEREXCLUDED? (Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$	
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
В	Par	icipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000		

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

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CERTIFICATE HOLDER	CANCELLATION
Boulan Park East, Center and West 3671 Crooks Road Troy MI 48084	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 HOSPING DE L'ARTINE AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE
	Gary Patterson



DATE (MM/DD/YYYY) 9/9/2021

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	UBROGATION IS WAIVED, subject certificate does not confer rights				•	•	•	require an endo	orsement	. A sta	atement on	
	JCER USI Insurance Services N				CONTACT NAME:							
	601 Union Street, Suite 10				PHONE (A/C, No		206-441-6300)	FAX (A/C, No):			
	Seattle, WA 98101				E-MAIL ADDRE	SS:						
						INS	SURER(S) AFFOR	RDING COVERAGE			NAIC#	
					INSURE	RA: Everest	National Insu	ırance Company	•		10120	
INSUR		:_:			INSURE	RB: QBE Ins	surance Corp	oration			39217	
IVIII Q4	chigan State Youth Soccer Ass 01 General Drive, Suite 120	ocia	ion		INSURE	RC:						
PI	mouth MI 48170				INSURER D :							
,					INSURER E :							
					INSURER F:							
COV	ERAGES CEF	RTIFIC	CATE	NUMBER: 63796234	REVISION NUMBER:							
IND CEI	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		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s					
Α	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURREN		\$\$1,00	00,000	
	CLAIMS-MADE ✓ OCCUR							DAMAGE TO RENT PREMISES (Ea occ		\$\$300	,000	
								MED EVD (A		с Гусы.	.dod	

l A	COMMERCIAL GENERAL LIABILITY		S18GLU1831-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
	CLAIMS-MADE ✓ OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
						MED EXP (Any one person)	\$ Excluded
						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		SI8GL01851-211	9/1/2021	9/1/2022	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		SI8EX01724-211	9/1/2021	9/1/2022	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	N/A				E.L. EACH ACCIDENT	\$
	OFFICER/MEMBEREXCLUDED? (Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
В	Participant Accident Medical		UBH000005	9/1/2021	9/1/2022	\$100,000	

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

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CERTIFICATE HOLDER	CANCELLATION
Boyne Mountain Soccer Fields 2018 Co Hwy 48 Boyne Falls MI 49713	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	Gary Patterson



DATE (MM/DD/YYYY)

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this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).							
PRODUCER USI Insurance Sei	vices NW	CONTACT NAME:					
601 Union Street,	Suite 1000	PHONE (A/C, No, Ext): 206-441-6300 FAX (A/C, No):					
Seattle, WA 98101		E-MAIL ADDRESS:					
			INSURER(S) AFFORDING COVE	RAGE	NAIC#		
		INSURER A : Ever	rest National Insurance Co	mpany	10120		
INSURED		INSURER B: QBE	39217				
Michigan State Youth Soc 9401 General Drive, Suite	cer Association	INSURER C :					
Plymouth MI 48170	5 120	INSURER D :					
,		INSURER E :					
		INSURER F:					
COVERAGES	CERTIFICATE NUMBER: 63796235		REVISIO	N 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 SUBR INSD WVD POLICY EFF POLICY EXP (MM/DD/YYYY) INSR LTR **TYPE OF INSURANCE** POLICY NUMBER **COMMERCIAL GENERAL LIABILITY** Α SI8GL01851-211 9/1/2021 9/1/2022 EACH OCCURRENCE DAMAGE TO RENTED \$\$1,000,000 CLAIMS-MADE ✓ OCCUR \$\$300,000 PREMISES (Ea occurrence) MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$\$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$\$5,000,000 PRO-JECT POLICY LOC PRODUCTS - COMP/OP AGG \$\$1,000,000 \$\$1,000,000 OTHER: Participant Legal Liabi COMBINED SINGLE LIMIT (Ea accident) Α **AUTOMOBILE LIABILITY** SI8GL01851-211 9/1/2021 9/1/2022 \$\$1,000,000 ANY AUTO BODILY INJURY (Per person) SCHEDULED AUTOS NON-OWNED OWNED AUTOS ONLY HIRED BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTOS ONLY **AUTOS ONLY** UMBRELLA LIAB SI8EX01724-211 9/1/2021 9/1/2022 / OCCUR EACH OCCURRENCE \$\$5,000,000 **EXCESS LIAB CLAIMS-MADE AGGREGATE** \$\$5,000,000 DED RETENTION \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? 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 UBH000005 9/1/2021 9/1/2022 Participant Accident Medical \$100,000

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

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CERTIFICATE HOLDER	CANCELLATION
Boys Girls Club 14975 21 Mile Road Shelby Township MI 48315	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) 9/9/2021

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PRODUCER USI Insurance Services NW	CONTACT NAME:							
601 Union Street, Suite 1000	PHONE (A/C, No, Ext): 206-441-6300 FAX (A/C, No):							
Seattle, WA 98101	E-MAIL ADDRESS:							
	INSURER(S) AFFORDING COVERAGE	NAIC#						
	INSURER A: Everest National Insurance Company	10120						
INSURED A	INSURER B: QBE Insurance Corporation	39217						
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:							
Plymouth MI 48170	INSURER D:							
,	INSURER E :							
	INSURER F:							
COVERAGES CERTIFICATE NUMBER: 63796236	REVISION NUMBER:							
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION	OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO V	WHICH THIS						
CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORD EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE		HE TERMS,						
INSR LTR TYPE OF INSURANCE ADDL SUBR INSD WVD POLICY NUMBER	POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS							
A COMMERCIAL GENERAL LIABILITY SI8GL01851-211	9/1/2021 9/1/2022 EACH OCCURRENCE \$\$1,00	00,000						
CLAIMS-MADE 🗸 OCCUR	DAMAGE TO RENTED PREMISES (Ea occurrence) \$\$300,	.000						

LTR		I TPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	<u> </u>
Α	/	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
								MED EXP (Any one person)	\$ Excluded
								PERSONAL & ADV INJURY	\$\$1,000,000
	GEI	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	AU1	OMOBILE LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	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			SI8EX01724-211	9/1/2021	9/1/2022	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)						E.L. DISEASE - EA EMPLOYEE	\$
		s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Par	ticipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000	

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 & Michigan Youth Soccer League 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
Boys and Girls Club of Troy 3670 John R. Road Troy MI 48071	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) 9/9/2021

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.

	SUBROGATION IS WAIVED, subject is certificate does not confer rights t							require an endorsement	A st	atement on
_	DUCER USI Insurance Services N				CONTAC NAME:		<i>/</i> -			
	601 Union Street, Suite 10				PHONE (A/C, No	Evt).	206-441-6300 FAX (A/C, No):			
	Seattle, WA 98101				E-MAIL ADDRESS:					
					ADDITE		SURER(S) AFFOR	RDING COVERAGE		NAIC #
					INSLIDE			rance Company		10120
INSU	RED						surance Corp			39217
M	lichigan State Youth Soccer Ass	ociati	on		INSURE		bararioo oorp	oration		00217
9.	401 General Drive, Suite 120 lymouth MI 48170				INSURE					
'	iyinodiii wii 48170	INSURE								
					INSURE					
CO	VERAGES CER	TIFIC	ATE	NUMBER: 63796237	INOUNE	IX 1 .		REVISION NUMBER:		
	HIS IS TO CERTIFY THAT THE POLICIES				/E BEE	N ISSUED TO	THE INSURE		IE POL	ICY PERIOD
С	IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	PERTA	NN, Γ	THE INSURANCE AFFORDE	ED BY	THE POLICIE	S DESCRIBEI	D HEREIN IS SUBJECT TO		
INSR LTR	TYPE OF INSURANCE	ADDL S		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3	
Α	✓ COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,00	00,000
	CLAIMS-MADE ✓ OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300	.000
								MED EXP (Any one person)	\$ Exclu	ıded
								PERSONAL & ADV INJURY	\$\$1,00	00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$\$5,00	00,000
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$\$1,00	00,000
	OTHER:							Participant Legal Liabi	\$\$1,00	00,000
Α	AUTOMOBILE LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	COMPUNED ONIOLE LIMIT	\$\$1,00	00,000
	ANY AUTO								\$,
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
	7,0,00 0,12								\$	
	UMBRELLA LIAB ✓ OCCUR			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,00	00,000
	✓ EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$\$5,00	00,000
	DED RETENTION \$								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
	ANYPROPRIETOR/PARTNER/EXECUTIVE T/N	N/A							\$	
	OFFICER/MEMBEREXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
В	Participant Accident Medical			UBH000005		9/1/2021	9/1/2022	\$100,000		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (AC	ORD	101, Additional Remarks Schedul	e, may be	attached if more	e space is requir	ed)		
Th	is certificate is issued on behalf of Mich	igan S	tate	Youth Soccer Association	& Michi	gan Youth So	ccer League			
Ce	rtificate holder is Additional Insured as r	espect	ts the	e operations of the Named	Insure	d for sanction				
OT	the state association. Waiver of Subroga	ation a	ppiie	s when required by written	contra	Ct.				
CE	RTIFICATE HOLDER				CANC	ELLATION				
6	randon Middle School 09 Ortonville Road				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
U	rtonville MI 48462									

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Gary D. Putterson

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).

PROPILICE LIGHT	CONTACT						
PRODUCER USI Insurance Services NW	NAME:						
601 Union Street, Suite 1000	PHONE (A/C, No. Ext): 206-441-6300 (A/C, No):						
Seattle, WA 98101	E-MAIL ADDRESS:						
	INSURER(S) AFFORDING COVERAGE	NAIC#					
	INSURER A: Everest National Insurance Company	10120					
INSURED	INSURER B: QBE Insurance Corporation	39217					
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:						
Plymouth MI 48170	INSURER D :						
•	INSURER E :						
	INSURER F:						
COVERAGES CERTIFICATE NUMBER: 63796238	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		ADDL SU		POLICY EFF	POLICY EXP	LIMIT	e	
A A	COMMERCIAL GENERAL LIABILITY	INSD W	SI8GL01851-211	9/1/2021	9/1/2022			
^	COMMERCIAL GENERAL LIABILITY		518GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE DAMAGE TO RENTED	\$\$1,000,000	
	CLAIMS-MADE ✓ OCCUR					PREMISES (Ea occurrence)	\$\$300,000	
						MED EXP (Any one person)	\$ Excluded	
						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		SI8GL01851-211	9/1/2021	9/1/2022	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		SI8EX01724-211	9/1/2021	9/1/2022	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	Participant Accident Medical		UBH000005	9/1/2021	9/1/2022	\$100,000		

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 & Michigan Youth Soccer League 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
BRANDON SCHOOLS ATHLETIC COMPLEX Soccer Fields 209 VARSITY DRIVE Ortonville MI 48462	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 confer rights to the certificate holder in lieu of such endorsement(s).						
PRODUCER USI Insurance Services NW	CONTACT NAME:					
601 Union Street, Suite 1000	PHONE (A/C, No, Ext): 206-441-6300 (A/C, No):					
Seattle, WA 98101	E-MAIL ADDRESS:					
	INSURER(S) AFFORDING COVERAGE	NAIC#				
	INSURER A: Everest National Insurance Company	10120				
INSURED A	INSURER B: QBE Insurance Corporation	39217				
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:					
Plymouth MI 48170	INSURER D:					
,	INSURER E :					
	INSURER F:					
COVERAGES CERTIFICATE NUMBER: 63796239	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.						
CERTIFICATE MAT BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORD	ED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL	ITE IERIVIS,				

EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS ADDL SUBR INSD WVD POLICY EFF POLICY EXP (MM/DD/YYYY) INSR LTR **TYPE OF INSURANCE** POLICY NUMBER Α **COMMERCIAL GENERAL LIABILITY** SI8GL01851-211 9/1/2021 9/1/2022 EACH OCCURRENCE DAMAGE TO RENTED \$\$1,000,000 CLAIMS-MADE ✓ OCCUR \$\$300,000 PREMISES (Ea occurrence) MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$\$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$\$5,000,000 PRO-JECT POLICY LOC PRODUCTS - COMP/OP AGG \$\$1,000,000 \$\$1,000,000 OTHER: Participant Legal Liabi COMBINED SINGLE LIMIT (Ea accident) Α **AUTOMOBILE LIABILITY** SI8GL01851-211 9/1/2021 9/1/2022 \$\$1,000,000 ANY AUTO BODILY INJURY (Per person) SCHEDULED AUTOS NON-OWNED OWNED AUTOS ONLY HIRED BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTOS ONLY **AUTOS ONLY** UMBRELLA LIAB SI8EX01724-211 9/1/2021 9/1/2022 / OCCUR EACH OCCURRENCE \$\$5,000,000 **EXCESS LIAB CLAIMS-MADE AGGREGATE** \$\$5,000,000 DED RETENTION \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? 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 UBH000005 9/1/2021 Participant Accident Medical 9/1/2022 \$100,000

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 & Michigan Youth Soccer League 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.

1414 N. Hadleý Road Ortonville MI 48462	AUTHORIZED REPRESENTATIVE Sary Patterson
Brandon Township Community Park Soccer Field(s)	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) 9/9/2021

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

	SUBROGATION IS WAIVED, subject is certificate does not confer rights t							require an endorsement	. A st	atement on
_	DUCER USI Insurance Services N		. 00111	moute notaer in nea or se	CONTAC		•			
	601 Union Street, Suite 10				NAME: PHONE		006 444 6000	FAX		
	Seattle, WA 98101				(A/C, No E-MAIL	,	06-441-6300	(A/C, No):		
					ADDRES					
								DING COVERAGE		NAIC#
INSU	DED.							rance Company		10120
M	ichigan State Youth Soccer Ass	ociat	tion			<mark>кв: QBE Ins</mark>	urance Corp	oration		39217
9,	101 General Drive, Suite 120 lymouth MI 48170				INSURE					
Г	ymouth wir 48170				INSURE					
					INSURE					
CO	VERAGES CER	TIFIC	CATE	NUMBER: 63796240				REVISION NUMBER:		
IN CI	IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY REFITIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH	QUIF PERT POLI	REMEN	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF ANY	CONTRACT THE POLICIES	OR OTHER I	DOCUMENT WITH RESPEC	CT TO V	WHICH THIS
LTR	TYPE OF INSURANCE		WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S	
Α	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE DAMAGE TO RENTED	\$\$1,00	· ·
	CLAIMS-MADE ✓ OCCUR							PREMISES (Ea occurrence)	\$\$300	<i>'</i>
								MED EXP (Any one person)	\$ Exclu	
								PERSONAL & ADV INJURY	\$\$1,00	<u> </u>
	POLICY PRO- JECT LOC							GENERAL AGGREGATE	\$\$5,00	· · · · · · · · · · · · · · · · · · ·
								PRODUCTS - COMP/OP AGG Participant Legal Liabi	\$\$1,00 \$\$1,00	· ·
Α	OTHER: AUTOMOBILE LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,00	
	ANY AUTO							BODILY INJURY (Per person)	\$	50,000
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per accident)	\$	
	HIRED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
	/OTOS SNET							(1 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	\$	
	UMBRELLA LIAB ✓ OCCUR			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,00	00,000
	✓ EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$\$5,00	00,000
	DED RETENTION \$								\$	
	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	\$	
	Participant Accident Medical			UBH000005			9/1/2022	\$100,000		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORD	101, Additional Remarks Schedu	ie, may be	attached if more	space is require	ea)		
Ce	s certificate is issued on behalf of Mich rtificate holder is Additional Insured as r he state association. Waiver of Subrog	espe	cts the	e operations of the Named	Insure	d for sanction				
CEI	RTIFICATE HOLDER				CANC	ELLATION				
B 2:	rinston Park 262 Brinston Drive oy MI 48083				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.					
					I AUTHOI	RIZED REPRESEN	NIATIVE			

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Gary D. Putterson



DATE (MM/DD/YYYY)

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II SUBROGATION IS WAIVED, Subject to the terms and conditions of		atement on
this certificate does not confer rights to the certificate holder in lieu of	\(\frac{1}{2}\)	
PRODUCER USI Insurance Services NW	CONTACT NAME:	
601 Union Street, Suite 1000	PHONE (A/C, No, Ext): 206-441-6300 FAX (A/C, No):	
Seattle, WA 98101	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC#
	INSURER A: Everest National Insurance Company	10120
INSURED	INSURER B: QBE Insurance Corporation	39217
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:	
Plymouth MI 48170	INSURER D :	
•	INSURER E :	
	INSURER F:	
COVERAGES CERTIFICATE NUMBER: 63796241	REVISION NUMBER:	
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW H.	AVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POL	ICY PERIOD
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION	N OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO N	WHICH THIS
CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFOR	DED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL T	HE TERMS,
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAV	E BEEN REDUCED BY PAID CLAIMS.	
INSR LTR TYPE OF INSURANCE ADDL SUBR INSD WVD POLICY NUMBER	POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) LIMITS	

INSR	_		ADDL	SURP		POLICY EFF	POLICY EXP		
LTR		TYPE OF INSURANCE	INSD		POLICY NUMBER	(MM/DD/YYYY)		LIMIT	S
Α	1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
								MED EXP (Any one person)	\$ Excluded
								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			SI8GL01851-211	9/1/2021	9/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
		ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY						,	\$
	/	HIRED AUTOS ONLY VIOLENTIAL NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB ✓ OCCUR			SI8EX01724-211	9/1/2021	9/1/2022	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 Y / N	N/A					E.L. EACH ACCIDENT	\$
	(Man	CER/MEMBEREXCLUDED?						E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Part	ticipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000	

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 & Michigan Youth Soccer League 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 ###################################
Brinston Park - East and West 2262 Brinston Troy MI 48083	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).

	ot confer rights to the certificat			. , .	an endorsement. A si	atement on			
PRODUCER USI Insuran			CONTACT NAME:						
601 Union S	Street, Suite 1000		PHONE (A/C, No. Ext):	206-441-6300	FAX (A/C, No):				
Seattle, WA	98101		E-MAIL ADDRESS:						
				INSURER(S) AFFORDING CO	OVERAGE	NAIC#			
			INSURER A: Eve	rest National Insurance	Company	10120			
INSURED			INSURER B: QBE	39217					
9401 General Drive	th Soccer Association		INSURER C :						
Plymouth MI 48170)		INSURER D :						
•			INSURER E :						
			INSURER F:						
COVERAGES	CERTIFICATE NU	MBER: 63796242		REVIS	SION NUMBER:				
	AT THE POLICIES OF INSURANCE								
	TANDING ANY REQUIREMENT, T SSUED OR MAY PERTAIN. THE								
	DITIONS OF SUCH POLICIES. LIMIT					,			
INSR TYPE OF INSI	IRANCE ADDL SUBR	DOLICY NUMBER	POLICY E	FF POLICY EXP	LIMITS				

INSR LTR		TYPE OF INSURANCE		SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	^	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
								MED EXP (Any one person)	\$ Excluded
								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			SI8GL01851-211	9/1/2021	9/1/2022	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 VON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB ✓ OCCUR			SI8EX01724-211	9/1/2021	9/1/2022	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							\$
В	Part	ticipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000	

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 & Michigan Youth Soccer League 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
BRW Department of Parks and Recreation 361 Morton Romeo MI 48065	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)

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uch endorsement(s).	atement on							
CONTACT								
PHONE (A/C, No, Ext): 206-441-6300 FAX (A/C, No):								
E-MAIL ADDRESS:								
INSURER(S) AFFORDING COVERAGE	NAIC#							
INSURER A: Everest National Insurance Company	10120							
INSURER B: QBE Insurance Corporation	39217							
INSURER C:								
INSURER D:								
INSURER E :								
INSURER F:								
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								
	uch endorsement(s). CONTACT NAME: PHONE (A/C, No, Ext): 206-441-6300 FAX (A/C, No): E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: Everest National Insurance Company INSURER B: QBE Insurance Corporation INSURER C: INSURER C: INSURER C: INSURER C: INSURER F: REVISION NUMBER:							

INSR LTR		TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	/	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
								MED EXP (Any one person)	\$ Excluded
								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			SI8GL01851-211	9/1/2021	9/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
		ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY AUTOS						BODILY INJURY (Per accident)	\$
	/	AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB ✓ OCCUR			SI8EX01724-211	9/1/2021	9/1/2022	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 7 / N	N/A					E.L. EACH ACCIDENT	\$
	OFFICER/MEMBEREXCLUDED? (Mandatory in NH)		1177					E.L. DISEASE - EA EMPLOYEE	\$
		s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Part	icipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000	

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

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CERTIFICATE HOLDER	CANCELLATION
BUDD PARK 19000 CLINTON RIVER ROAD CLINTON TWP. MI 48038	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 Patterson



DATE (MM/DD/YYYY) 9/9/2021

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	not confer rights to the certificate		•		e an endorsement. A st	atement on			
PRODUCER USI Insurai			CONTACT NAME:						
601 Union	Street, Suite 1000		PHONE (A/C, No, Ext):	206-441-6300	FAX (A/C, No):				
Seattle, WA	(98101		E-MAIL ADDRESS:						
				INSURER(S) AFFORDING C	OVERAGE	NAIC#			
			INSURER A: Ever	rest National Insurance	Company	10120			
INSURED			INSURER B: QBE	INSURER B: QBE Insurance Corporation					
9401 General Driv	uth Soccer Association Suite 120		INSURER C :						
Plymouth MI 4817			INSURER D :						
			INSURER E :						
			INSURER F:						
COVERAGES	CERTIFICATE NUM	IBER: 63796244		REVIS	SION NUMBER:				
	HAT THE POLICIES OF INSURANCE								
	STANDING ANY REQUIREMENT, TE ISSUED OR MAY PERTAIN, THE IN								
	IDITIONS OF SUCH POLICIES. LIMITS	S SHOWN MAY HAVE							
INSR TYPE OF IN:	SURANCE ADDL SUBR	POLICY NUMBER	POLICY E	FF POLICY EXP	LIMITS				

INSR LTR	ISR TR TYPE OF INSURANCE			SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
Α	/	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
								MED EXP (Any one person)	\$ Excluded
								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			SI8GL01851-211	9/1/2021	9/1/2022	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 VON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB ✓ OCCUR			SI8EX01724-211	9/1/2021	9/1/2022	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 CER/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	Part	ticipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000	

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 & Michigan Youth Soccer League 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
Burr Elementary School 41460 Ryan Road Sterling Heights MI 48314	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) 9/9/2021

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

	SUBROGATION IS WAIVED, subject is certificate does not confer rights to							equire an endorsement.	A sta	atement on
PRODUCER USI Insurance Services NW						CONTACT				
601 Union Street, Suite 1000						NAME: PHONE (A/C, No, Ext): 206-441-6300 (A/C, No):				
	Seattle, WA 98101				E-MAIL ADDRES	o, Ext):	<u>206-441-6300</u>	(A/C, No):		
					ADDRE					
							• •	DING COVERAGE		NAIC #
								rance Company		10120
INSU	^{кер} lichigan State Youth Soccer Asso	ociat	tion		INSURE	RВ: QBE Ins	urance Corp	oration		39217
94	401 General Drive, Suite 120	Julai	liOII		INSURE	RC:				
P	lymouth MI 48170				INSURE	RD:				
					INSURE	RE:				
					INSURE	RF:				
CO	VERAGES CER	TIFIC	CATE	NUMBER: 63796245				REVISION NUMBER:		
IN CI EX	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY INCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT POLIC	REME! AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF ANY	Y CONTRACT THE POLICIES REDUCED BY F	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPEC	T TO \	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3	
Α	✓ COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,00	00,000
	CLAIMS-MADE ✓ OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300	,000
								` '	\$ Exclu	ıded
								PERSONAL & ADV INJURY	\$\$1,00	00.000
	GEN'L AGGREGATE LIMIT APPLIES PER:								\$\$5,00	•
	POLICY PRO- JECT LOC								\$\$1,00	
	OTHER:								\$\$1,00	· ·
Α	AUTOMOBILE LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	COMPINED ONIOLE LIMIT	\$\$1,00	
	ANY AUTO								\$	00,000
	OWNED SCHEDULED							` ' '	\$	
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE	\$ \$	
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
	UMBRELLA LIAB / OCCUP			SI8EX01724-211		9/1/2021	9/1/2022			20.000
	/ System / Occur			OIOEXOTTE4 ETT		0,1,2021	OTTLOLL		\$\$5,00	· ·
	CLAIWS-IWADL								\$ \$5,00	00,000
	DED RETENTION \$ WORKERS COMPENSATION								\$	
	AND EMPLOYERS' LIABILITY Y / N							PER OTH- STATUTE ER		
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$	
_	DÉSCRIPTION OF OPERATIONS below			1101100000			21112222		\$	
В	Participant Accident Medical			UBH000005		9/1/2021	9/1/2022	\$100,000		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	.ES (A	CORD	101, Additional Remarks Schedu	le, may be	attached if more	space is require	ed)		
Ce	This certificate is issued on behalf of Michigan State Youth Soccer Association & Michigan Youth Soccer League 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.									
CEI	RTIFICATE HOLDER				CANC	ELLATION				
B C C	ywood Soccer Field lawson City Park lawson MI 48017				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					

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Gary D. Putterson



DATE (MM/DD/YYYY)

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this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).							
PRODUCER USI Insurance Service	es NW	CONTACT NAME:					
601 Union Street, Suit		PHONE (A/C, No. Ext):	206-441-6300	FAX (A/C, No):			
Seattle, WA 98101		E-MAIL ADDRESS:		, , , , , , ,			
				NAIC#			
		INSURER A : Ever	est National Insurance Compan	y	10120		
INSURED		INSURER B: QBE Insurance Corporation 39217					
Michigan State Youth Soccer 9401 General Drive, Suite 12	Association	INSURER C:					
Plymouth MI 48170	0	INSURER D :					
,		INSURER E :					
		INSURER F:					
COVERAGES	CERTIFICATE NUMBER: 63796246		REVISION NU	MBER:			
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 SUBR INSD WVD POLICY EFF POLICY EXP (MM/DD/YYYY) INSR LTR **TYPE OF INSURANCE** POLICY NUMBER Α **COMMERCIAL GENERAL LIABILITY** SI8GL01851-211 9/1/2021 9/1/2022 EACH OCCURRENCE DAMAGE TO RENTED \$\$1,000,000 CLAIMS-MADE ✓ OCCUR \$\$300,000 PREMISES (Ea occurrence) MED EXP (Any one person) \$ Excluded \$\$1,000,000 PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$\$5,000,000 PRO-JECT POLICY LOC PRODUCTS - COMP/OP AGG \$\$1,000,000 \$\$1,000,000 OTHER: Participant Legal Liabi COMBINED SINGLE LIMIT (Ea accident) Α **AUTOMOBILE LIABILITY** SI8GL01851-211 9/1/2021 9/1/2022 \$\$1,000,000 ANY AUTO BODILY INJURY (Per person) SCHEDULED AUTOS NON-OWNED OWNED AUTOS ONLY HIRED BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTOS ONLY **AUTOS ONLY** UMBRELLA LIAB SI8EX01724-211 9/1/2021 9/1/2022 / OCCUR EACH OCCURRENCE \$\$5,000,000 **EXCESS LIAB CLAIMS-MADE AGGREGATE** \$\$5,000,000 DED RETENTION \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? 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 UBH000005 9/1/2021 9/1/2022 Participant Accident Medical \$100,000

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

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CERTIFICATE HOLDER	CANCELLATION
CALVARY BAPTIST ACADEMY 6100 PERRINE RD MIDLAND MI 48640	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. Putturson
	Gary Patterson



DATE (MM/DD/YYYY)

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unis certificate does not confer rig	gnts to the certificate holder in fied of s	uch endorsemer	າເ(ຮ).				
PRODUCER USI Insurance Service	es NW	CONTACT NAME:					
601 Union Street, Sui	te 1000	PHONE (A/C, No, Ext):	206-441-6300	FAX (A/C, No):			
Seattle, WA 98101		E-MAIL ADDRESS:					
			INSURER(S) AFFORDING COVERAG	E	NAIC#		
		INSURER A : Ever	ny	10120			
INSURED CLARA VALUE CONTROL	Acceptable	INSURER B: QBE Insurance Corporation 3921					
Michigan State Youth Soccer 9401 General Drive, Suite 12	ASSOCIATION PO	INSURER C:					
Plymouth MI 48170	.0	INSURER D :					
		INSURER E :					
		INSURER F:					
COVERAGES	CERTIFICATE NUMBER: 63796247		REVISION N	UMBER:			
THIS IS TO CERTIFY THAT THE PO	THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD						

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	ISR TYPE OF INSURANCE ADDL SUBR POLICY NUMBER POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) LIMITS				e		
A A	COMMERCIAL GENERAL LIABILITY	INSD W	SI8GL01851-211	9/1/2021	9/1/2022		
^	COMMERCIAL GENERAL LIABILITY		518GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE DAMAGE TO RENTED	\$\$1,000,000
	CLAIMS-MADE ✓ OCCUR					PREMISES (Ea occurrence)	\$\$300,000
						MED EXP (Any one person)	\$ Excluded
						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		SI8GL01851-211	9/1/2021	9/1/2022	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		SI8EX01724-211	9/1/2021	9/1/2022	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	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	Participant Accident Medical		UBH000005	9/1/2021	9/1/2022	\$100,000	

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 & Michigan Youth Soccer League 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
CARPATHIA HALL (OUTDOOR FIELDS) 38000 UTICA ROAD STERLING HEIGHTS MI 48313	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)

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this certificate does not confer	rights to the certificate holder in fied of s	uch endorseme	ent(s).			
PRODUCER USI Insurance Serv	ices NW	CONTACT NAME:				
601 Union Street, S	uite 1000	PHONE (A/C, No, Ext):	206-441-6300	FAX (A/C, No):		
Seattle, WA 98101		E-MAIL ADDRESS:				
		INSURER(S) AFFORDING COVERAGE			NAIC#	
		INSURER A : Eve	10120			
INSURED		INSURER B: QBE Insurance Corporation 39217				
Michigan State Youth Socci 9401 General Drive, Suite	cer Association	INSURER C:				
Plymouth MI 48170	120	INSURER D :				
•		INSURER E :				
		INSURER F:				
COVERAGES	CERTIFICATE NUMBER: 63796248		REVIS	ON 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	TYPE OF INSURANCE	ADDL	SUBR		POLICY EFF	POLICY EXP	MS. KP VV LIMITS		
.TR		INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	LIMIT	5	
١,	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000	
	CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000	
							MED EXP (Any one person)	\$ Excluded	
							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			SI8GL01851-211	9/1/2021	9/1/2022	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			SI8EX01724-211	9/1/2021	9/1/2022	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 EMPEDIERS LIBILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A					E.L. EACH ACCIDENT	\$	
							E.L. DISEASE - EA EMPLOYEE	\$	
							E.L. DISEASE - POLICY LIMIT	\$	
	Participant Accident Medical	T		UBH000005	9/1/2021	9/1/2022	\$100,000		

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 & Michigan Youth Soccer League 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
CATALPA OAKS COUNTY PARK CATLPA DRIVE AND GREENFIELD RD Southfield MI 48076	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)

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	onfer rights to the certificate holder in lieu o	of the policy, certain policies may require an endorsement	. A Statement on
		CONTACT	
PRODUCER USI Insurance		NAME:	
601 Union Stre	et, Suite 1000	PHONE (A/C, No. Ext): 206-441-6300 FAX (A/C, No):	
Seattle, WA 98	101	E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	NAIC#
		INSURER A: Everest National Insurance Company	10120
INSURED	S A	INSURER B: QBE Insurance Corporation	39217
Michigan State Youth S 9401 General Drive, S	Soccer Association	INSURER C:	
Plymouth MI 48170	uno 120	INSURER D:	
•		INSURER E :	
		INSURER F:	
COVERAGES	CERTIFICATE NUMBER: 63796249	9 REVISION NUMBER:	
		HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE	
		ON OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPE	
		ORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO	O ALL THE TERMS,
	ONS OF SUCH POLICIES. LIMITS SHOWN MAY HA		
INSR	ADDL SUBR	POLICY EFF POLICY EXP	

NSR LTR	TYPE OF INSI	JRANCE	ADDL INSD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
Α	CLAIMS-MADE	RAL LIABILITY ✓ OCCUR		SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,000,000 \$\$300,000
							MED EXP (Any one person)	\$ Excluded
							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			SI8GL01851-211	9/1/2021	9/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
	ANY AUTO						BODILY INJURY (Per person)	\$
	OWNED AUTOS ONLY	SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	✓ HIRED AUTOS ONLY	NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB	✓ OCCUR		SI8EX01724-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,000,000
	✓ EXCESS LIAB	CLAIMS-MADE					AGGREGATE	\$\$5,000,000
	DED RETENT	ION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILI	TV					PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNE	R/EXECUTIVE T N	N/A				E.L. EACH ACCIDENT	\$
	OFFICER/MEMBER EXCLUE (Mandatory in NH)	יבטי					E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERAT	TIONS below					E.L. DISEASE - POLICY LIMIT	\$
3	Participant Accident N	Medical		UBH000005	9/1/2021	9/1/2022	\$100,000	

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

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CERTIFICATE HOLDER	CANCELLATION
CENTRAL MICHIGAN UNIVERSITY 201 INDOOR ATHLETIC COMPLEX MT. PLEASANT MI 48859	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 Authorized Representative Authorized Representative Authorized Representative



DATE (MM/DD/YYYY) 9/9/2021

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	SUBROGATION IS WAIVED, subjec is certificate does not confer rights			•		require an ende	orsement. A st	atement on		
PROD	DUCER USI Insurance Services N	1M		CONTACT NAME:						
	601 Union Street, Suite 1			PHONE (A/C, No. Ext):	206-441-630	0	FAX (A/C, No):			
	Seattle, WA 98101			E-MAIL ADDRESS:						
					INSURER(S) AFFO	RDING COVERAGE		NAIC#		
				INSURER A : Eve	rest National Ins	urance Company	•	10120		
INSUF				INSURER B: QB	E Insurance Corp	oration		39217		
	chigan State Youth Soccer Ass 01 General Drive, Suite 120	sociation		INSURER C:						
Pl	ymouth MI 48170			INSURER D :						
·	•			INSURER E :						
				INSURER F:						
COV	/ERAGES CEF	RTIFICATE N	UMBER: 63796250			REVISION NUI	MBER:			
	IS IS TO CERTIFY THAT THE POLICIES									
	DICATED. NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR MAY									
_	CLUSIONS AND CONDITIONS OF SUCH	,						,		
INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY I (MM/DD/Y	FF POLICY EXP (YYY) (MM/DD/YYYY)		LIMITS			

INSR LTR	R TYPE OF INSURANCE		INSD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	s
Α	1	COMMERCIAL GENERAL LIABILITY		SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
							MED EXP (Any one person)	\$ Excluded
							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	AUT	OMOBILE LIABILITY		SI8GL01851-211	9/1/2021	9/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
		ANY AUTO					BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	/	AUTOS ONLY NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
								\$
		UMBRELLA LIAB ✓ OCCUR		SI8EX01724-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,000,000
	1	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$\$5,000,000
		DED RETENTION \$						\$
		KERS COMPENSATION EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
		PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT	\$
	(Man	datory in NH)					E.L. DISEASE - EA EMPLOYEE	\$
	DES(, describe under CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
В	Part	icipant Accident Medical		UBH000005	9/1/2021	9/1/2022	\$100,000	

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

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CERTIFICATE HOLDER	CANCELLATION
CENTRAL MIDDLE SCHOOL 200 32ND ST PORT HURON MI 48060	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)

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this contificate does not confor	-		•		an endorsement. A st	atement on			
this certificate does not confer				it(s).					
PRODUCER USI Insurance Serv	ices NW		CONTACT NAME:						
601 Union Street, S			PHONE (A/C, No, Ext):	206-441-6300	FAX (A/C, No):				
Seattle, WA 98101		П	E-MAIL ADDRESS:		(Pag, 110)				
				INSURER(S) AFFORDING CO	VERAGE	NAIC#			
			INSURER A : Ever	est National Insurance (Company	10120			
INSURED	A!!		INSURER B : QBE	Insurance Corporation		39217			
Michigan State Youth Socc 9401 General Drive, Suite	er Association 120		INSURER C :						
Plymouth MI 48170	120		INSURER D :						
-			INSURER E :						
			INSURER F:						
COVERAGES	CERTIFICATE NUMBER	: 63796251		REVIS	ION NUMBER:				
THIS IS TO CERTIFY THAT THE F	OLICIES OF INSURANCE LISTI	ED BELOW HAVI	E BEEN ISSUED	TO THE INSURED NAM	ED ABOVE FOR THE POL	ICY PERIOD			
INDICATED. NOTWITHSTANDING	,								
CERTIFICATE MAY BE ISSUED C					IN IS SUBJECT TO ALL	ΓHE TERMS,			
EXCLUSIONS AND CONDITIONS O		WN MAY HAVE E	BEEN REDUCED						
INSR LTR TYPE OF INSURANCE	ADDL SUBR INSD WVD PO	LICY NUMBER	POLICY EF (MM/DD/YY	FF POLICY EXP YY) (MM/DD/YYYY)	LIMITS				

LTR	TYPE OF INSURANCE		INSD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS		
Α	/	CLAIMS-MADE OCCUR		SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,000,000 \$\$300.000	
							MED EXP (Any one person)	\$ Excluded	
							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		SI8GL01851-211	9/1/2021	9/1/2022	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		SI8EX01724-211	9/1/2021	9/1/2022	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	N/A				E.L. EACH ACCIDENT	\$	
	(Man	CER/MEMBEREXCLUDED? datory in NH)					E.L. DISEASE - EA EMPLOYEE	\$	
	If yes	, describe under CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	
В	Part	icipant Accident Medical		UBH000005	9/1/2021	9/1/2022	\$100,000		

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CERTIFICATE HOLDER	CANCELLATION
CENTRAL MIDDLE SCHOOL 305 REARDON STREET MIDLAND MI 48442	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) 9/9/2021

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If	IPORTANT: If the certificate holder is SUBROGATION IS WAIVED, subject is certificate does not confer rights to	to th	ie tei	rms and conditions of the	e polic	y, certain po	olicies may i	•		
	DUCER USI Insurance Services NV		00.0	incate notaer in nea or sa	CONTAC		<i>j</i> ·			
	601 Union Street, Suite 10 Seattle, WA 98101	•	PHONE (A/C, No E-MAIL ADDRES		206-441-6300	FAX (A/C, No):			
								DING 001/5D405		
							• • •	DING COVERAGE		NAIC# 10120
INSURED								rance Company		
Michigan State Youth Soccer Association							surance Corp	Drailon		39217
94	101 General Drive, Suite 120 lymouth MI 48170				INSURE					
' '	ymoun wi 48170				INSURE					
					INSURE					
CO	VERAGES CERT	TIFIC	ATE	NUMBER: 63796252				REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAINDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE				OF ANY	CONTRACT	OR OTHER I	DOCUMENT WITH RESP	ECT TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIN	IITS	
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,00 \$\$300	00,000
								MED EXP (Any one person)	\$ Excl	uded
							PERSONAL & ADV INJURY	\$\$1,0	00,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$\$5,0	00,000	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGO	\$\$1,0	00,000
	OTHER:							Participant Legal Liabi	- ' ' '	00,000
A	AUTOMOBILE LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	COMBINED SINGLE LIMIT (Ea accident)		00,000
	ANY AUTO							BODILY INJURY (Per person)	· ·	
	OWNED SCHEDULED AUTOS AUTOS							BODILY INJURY (Per accider		
	HIRED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB / OCCUR			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,0	00,000
	✓ EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$\$5,0	00,000
	DED RETENTION \$								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
	ANYPROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYE	EE \$	
	If yes, describe under DESCRIPTION OF OPERATIONS below						- / · /	E.L. DISEASE - POLICY LIMI	Т \$	
В	Participant Accident Medical			UBH000005		9/1/2021	9/1/2022	\$100,000		
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORD	101, Additional Remarks Schedul	e, may be	attached if more	e space is require	ed)		

This certificate is issued on behalf of Michigan State Youth Soccer Association & Michigan Youth Soccer League 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
CERC Building 455 E Scripps Rd. Lake Orion MI 48360	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) 9/9/2021

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 nolicy/ies) must have ADDITIONAL INSURED provisions or be endorsed

If S	UBROGATION IS WAIVED, subject certificate does not confer rights	t to th	ne tei	rms and conditions of th	e polic	cy, certain po	olicies may	•		
PRODU	ICER USI Insurance Services N	IW			CONTACT NAME:					
	601 Union Street, Suite 1		PHONE (A/C, No	o. Ext): 2	206-441-6300) F	AX A/C. No):			
	Seattle, WA 98101				E-MAIL ADDRE				, ,	
						INS	SURER(S) AFFOR	RDING COVERAGE		NAIC#
					INSURE	RA: Everest	National Insu	rance Company		10120
INSUR					INSURE	RB: QBE Ins	surance Corp	oration		39217
Mid	chigan State Youth Soccer Ass 11 General Drive, Suite 120	ocia	tion		INSURE	RC:				
Plymouth MI 48170					INSURER D:					
,					INSURER E :					
					INSURE	RF:				
COV	ERAGES CEI	RTIFIC	CATE	NUMBER: 63796253				REVISION NUME	BER:	
	S IS TO CERTIFY THAT THE POLICIE									
	ICATED. NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR MAY									
	CLUSIONS AND CONDITIONS OF SUCH								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	LE THE TERMO,
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	
Α	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE		1,000,000
	CLAIMS-MADE ✓ OCCUR							DAMAGE TO RENTED PREMISES (Ea occurr		300,000
								MED EXP (Any one pe	erson) \$E	xcluded

PERSONAL & ADV INJURY \$\$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$\$5,000,000 PRO-JECT LOC POLICY PRODUCTS - COMP/OP AGG \$\$1,000,000 OTHER: Participant Legal Liabi \$\$1,000,000 COMBINED SINGLE LIMIT (Ea accident) Α **AUTOMOBILE LIABILITY** SI8GL01851-211 9/1/2021 9/1/2022 \$\$1,000,000 ANY AUTO BODILY INJURY (Per person) OWNED AUTOS ONLY HIRED SCHEDULED AUTOS NON-OWNED BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTOS ONLY **AUTOS ONLY** UMBRELLA LIAB SI8EX01724-211 9/1/2021 9/1/2022 / OCCUR EACH OCCURRENCE \$\$5,000,000 **EXCESS LIAB** CLAIMS-MADE AGGREGATE \$\$5,000,000 DED RETENTION \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? 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 UBH000005 9/1/2021 9/1/2022 Participant Accident Medical \$100,000

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

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CERTIFICATE HOLDER	CANCELLATION
Charter Township of Independence 90 North Main Street Clarkston MI 48347	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)

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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 lieu of such endorsement(s).								
NAIC#								
10120								
39217								
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								
O ALL THE TERMS,								

EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. POLICY EFF POLICY EXP (MM/DD/YYYY) ADDL SUBR TYPE OF INSURANCE POLICY NUMBER LIMITS LTR INSD WVD **COMMERCIAL GENERAL LIABILITY** Α SI8GL01851-211 9/1/2021 9/1/2022 EACH OCCURRENCE DAMAGE TO RENTED \$\$1,000,000 CLAIMS-MADE ✓ OCCUR \$\$300,000 PREMISES (Ea occurrence) MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$\$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$\$5,000,000 PRO-JECT POLICY LOC PRODUCTS - COMP/OP AGG \$\$1,000,000 \$\$1,000,000 OTHER: Participant Legal Liabi COMBINED SINGLE LIMIT (Ea accident) Α **AUTOMOBILE LIABILITY** SI8GL01851-211 9/1/2021 9/1/2022 \$\$1,000,000 ANY AUTO BODILY INJURY (Per person) SCHEDULED AUTOS NON-OWNED OWNED AUTOS ONLY HIRED BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTOS ONLY **AUTOS ONLY** UMBRELLA LIAB SI8EX01724-211 9/1/2021 9/1/2022 / OCCUR EACH OCCURRENCE \$\$5,000,000 **EXCESS LIAB CLAIMS-MADE AGGREGATE** \$\$5,000,000 DED RETENTION \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? 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 UBH000005 9/1/2021 9/1/2022 Participant Accident Medical \$100,000

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

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CERTIFICATE HOLDER	CANCELLATION
Charter Township of Oakland/Marshview Park 4393 Collins Road Rochester MI 48306	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) 9/9/2021

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

	JBROGATION IS WAIVED, subject certificate does not confer rights t				•	•	•	require an endo	rsement.	A sta	tement on
PRODUCER USI Insurance Services NW						CONTACT NAME:					
	601 Union Street, Suite 10	PHONE (A/C, No	o, Ext):	206-441-6300)	FAX (A/C, No):					
	Seattle, WA 98101				E-MAIL ADDRE	SS:					
						INS	SURER(S) AFFOR	RDING COVERAGE			NAIC#
					INSURE	RA: Everest	National Insu	rance Company			10120
INSURE					INSURE	RB: QBE Ins	surance Corp	oration			39217
IVIIC	higan State Youth Soccer Ass 1 General Drive, Suite 120	ociat	ion		INSURE	RC:					
Plvr	mouth MI 48170				INSURER D :						
,.					INSURER E :						
					INSURE	RF:					
COVE	RAGES CER	TIFIC	ATE	NUMBER: 63796255				REVISION NUM	IBER:		
_	IS TO CERTIFY THAT THE POLICIES CATED. NOTWITHSTANDING ANY RE										
	TIFICATE MAY BE ISSUED OR MAY										
-	LUSIONS AND CONDITIONS OF SUCH				BEEN F	REDUCED BY	PAID CLAIMS.				
INSR LTR	TYPE OF INSURANCE	ADDL INSD		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS		
Α ,	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENC	E \$	\$1,00	0,000
	CLAIMS-MADE ✓ OCCUR							DAMAGE TO RENTE PREMISES (Ea occu		\$300,	000
								MED EXP (Any one)	person) §	Exclu	ded

PERSONAL & ADV INJURY \$\$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$\$5,000,000 PRO-JECT POLICY LOC PRODUCTS - COMP/OP AGG \$\$1,000,000 OTHER: Participant Legal Liabi \$\$1,000,000 COMBINED SINGLE LIMIT (Ea accident) Α **AUTOMOBILE LIABILITY** SI8GL01851-211 9/1/2021 9/1/2022 \$\$1,000,000 ANY AUTO BODILY INJURY (Per person) OWNED AUTOS ONLY HIRED SCHEDULED AUTOS NON-OWNED BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTOS ONLY **AUTOS ONLY** UMBRELLA LIAB SI8EX01724-211 9/1/2021 9/1/2022 / OCCUR EACH OCCURRENCE \$\$5,000,000 **EXCESS LIAB** CLAIMS-MADE AGGREGATE \$\$5,000,000 DED RETENTION \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? 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 UBH000005 9/1/2021 9/1/2022 Participant Accident Medical \$100,000

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

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CERTIFICATE HOLDER	CANCELLATION
Charter Township of Orion Friendship Park 2525 Joslyn Road	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Orion MI 48359	AUTHORIZED REPRESENTATIVE
	Gary D. Putterson
1	Gary Patterson



DATE (MM/DD/YYYY) 9/9/2021

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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 this certificate does not confer rights to the certificate holder in lieu of s								require an endorsement	. Ast	atement on
_	DUCER USI Insurance Services N				CONTACT					
	601 Union Street, Suite 10				NAME: PHONE (A/C, No, Ext): 206-441-6300 (A/C, No):					
	Seattle, WA 98101			(A/C, No, Ext): 206-441-6300 (A/C, No): E-MAIL ADDRESS:						
					ADDRE					
							. ,	RDING COVERAGE		NAIC#
<u> </u>					INSURE	RA: Everest	National Insu	irance Company		10120
INSU	red ichigan State Youth Soccer Ass		tion		INSURE	кв: QBE Ins	surance Corp	oration		39217
	101 General Drive, Suite 120	ocia	lion		INSURE	RC:				
ΙĔ	ymouth MI 48170				INSURE	RD:				
					INSURE	RE:				
					INSURE	RF:				
co	/ERAGES CER	TIFIC	CATE	NUMBER: 63796256				REVISION NUMBER:		
IN CI EX	IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY ICLUSIONS AND CONDITIONS OF SUCH	QUIF PERT POLI	REME AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIE	OR OTHER I	DOCUMENT WITH RESPECT TO	CT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	INSD	SUBR WVD			(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	s	
Α	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,00	00,000
1	CLAIMS-MADE ✓ OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300	,000
								MED EXP (Any one person)	\$ Exclu	uded
								PERSONAL & ADV INJURY	\$\$1,00	00,000
	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	_	00,000
Α	AUTOMOBILE LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	COMBINED SINGLE LIMIT (Ea accident)		00,000
	ANY AUTO							BODILY INJURY (Per person)	\$	30,000
	OWNED SCHEDULED							BODILY INJURY (Per accident)	\$	
	AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE	\$	
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
	UMBRELLA LIAB / OCCUP			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCUPPENCE	-	20,000
	/ EXOCOLUAD			0.02/10/1/2/2/		01112021	0,1,2022	EACH OCCURRENCE	· ,	00,000
	CLAIMS-WADE							AGGREGATE		00,000
	DED RETENTION \$ WORKERS COMPENSATION							PER OTH- STATUTE ER	\$	
	AND EMPLOYERS' LIABILITY Y / N									
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE		
В	DÉSCRIPTION OF OPERATIONS below Participant Accident Medical			UBH000005		9/1/2021	9/1/2022	E.L. DISEASE - POLICY LIMIT \$100,000	\$	
	Faiticipant Accident Medical			OBH000003		9/1/2021	9/1/2022	\$100,000		
DES	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORD	101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requir	ed)		
	s certificate is issued on behalf of Mich									
Ce	tificate holder is Additional Insured as r he state association. Waiver of Subrog	espe	cts th	e operations of the Named	Insure	d for sanction	ed activities			
"	ne state association. Walver of Subroga	ation	appli	es when required by writter	COILLE	iCi.				
1										
CE	RTIFICATE HOLDER				CANO	ELLATION				
					 -	B 4207 6= :	THE ABOVE -	FOODINED DO: 10170 F		
c	harter Township of Springfield							ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E		
l 12	2000 Davisburd Rd							Y PROVISIONS.		
ıυ	avisburg MI 48350									

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Gary D. Putterson

AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY)

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this certificate does not comer rights to the certificate holder in neu of such endorsement(s).								
PRODUCER USI Insurance Servi	ces NW	CONTACT NAME:						
601 Union Street, S	uite 1000	PHONE (A/C, No, Ext):	206-441-6300	FAX (A/C, No):				
Seattle, WA 98101		E-MAIL ADDRESS:						
			INSURER(S) AFFORDING CO	VERAGE	NAIC#			
		INSURER A : Eve	rest National Insurance C	Company	10120			
INSURED		INSURER B: QB	E Insurance Corporation		39217			
Michigan State Youth Socce 9401 General Drive, Suite 1	er Association 120	INSURER C :						
Plymouth MI 48170	120	INSURER D :						
•		INSURER E :						
		INSURER F:						
COVERAGES	CERTIFICATE NUMBER: 63796257		REVISI	ON 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	COLOGICINO AND CONDITIONS OF SOCI	ADDLS			POLICY EFF	POLICY EXP		
LTR	TYPE OF INSURANCE	INSD \	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
Α	CLAIMS-MADE OCCUR			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,000,000 \$\$300.000
							MED EXP (Any one person)	\$ Excluded
							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			SI8GL01851-211	9/1/2021	9/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
	ANY AUTO						BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	✓ HIRED AUTOS ONLY ✓ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB ✓ OCCUR			SI8EX01724-211	9/1/2021	9/1/2022	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 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	Participant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000	

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

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CERTIFICATE HOLDER	CANCELLATION
CHATFIELD ELEMENTARY SCHOOL 231 LAKE DRIVE LAPEER MI 48446	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) 9/9/2021

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

	SUBROGATION IS WAIVED, subject is certificate does not confer rights to							equire an endorsement	. A sta	atement on		
PRODUCER USI Insurance Services NW						CONTACT						
	601 Union Street, Suite 10				PHONE OOC 444 COOO FAX							
Seattle, WA 98101						,	06-441-6300	(A/C, No):				
					ADDRES							
								DING COVERAGE		NAIC#		
INSU	DED							rance Company		10120		
M	ichigan State Youth Soccer Asso	ociat	tion			<mark>кв: QBE Ins</mark>	urance Corpo	oration		39217		
9	401 General Drive, Suite 120				INSURE							
۲	lymouth MI 48170				INSURE							
					INSURE							
CO	VERAGES CER	TIFIC	CΔTF	NUMBER: 63796258	INSURE	KF.		REVISION NUMBER:				
TI	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE	OF I	INSUF	RANCE LISTED BELOW HAY			THE INSURE	D NAMED ABOVE FOR TH				
E)	ERTIFICATE MAY BE ISSUED OR MAY F KCLUSIONS AND CONDITIONS OF SUCH	POLI	CIEŚ.			EDUCED BY F	PAID CLAIMS.) HEREIN IS SUBJECT TO) ALL T	THE TERMS,		
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)		LIMIT	s			
Α	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE DAMAGE TO RENTED	\$\$1,00	00,000		
	CLAIMS-MADE ✓ OCCUR							PREMISES (Ea occurrence)	\$\$300	,000		
								MED EXP (Any one person)	\$ Exclu	ıded		
								PERSONAL & ADV INJURY	\$\$1,00	00,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$\$5,00	00,000		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$\$1,00	00,000		
	OTHER:							Participant Legal Liabi COMBINED SINGLE LIMIT	\$\$1,00			
Α	AUTOMOBILE LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	(Ea accident)	\$\$1,00	00,000		
	ANY AUTO OWNED SCHEDULED						BODILY INJURY (Per person)	\$				
	OWNED SCHEDULED AUTOS HIRED NON-OWNED							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$			
	AUTOS ONLY AUTOS ONLY AUTOS ONLY							(Per accident)	\$			
				01057/01201 011		0///000/	0.11.10000		\$			
	UMBRELLA LIAB ✓ OCCUR			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,00	· ·		
	✓ EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$\$5,00	00,000		
	DED RETENTION \$ WORKERS COMPENSATION							PER OTH	\$			
	AND EMPLOYERS' LIABILITY Y / N							PER OTH- STATUTE ER				
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$			
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$			
В	DÉSCRIPTION OF OPERATIONS below			UBH000005		0/1/0001	0/1/0000	E.L. DISEASE - POLICY LIMIT	\$			
ם	Participant Accident Medical			ОБПООООО		9/1/2021	9/1/2022	\$100,000				
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORD	101, Additional Remarks Schedul	le, may be	attached if more	space is require	ed)				
Ce	This certificate is issued on behalf of Michigan State Youth Soccer Association & Michigan Youth Soccer League 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.											
CEI	RTIFICATE HOLDER				CANC	ELLATION						
4	herokee Elementary 2900 Rivergate Drive linton Twp MI 48038				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							

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Gary D. Putterson



DATE (MM/DD/YYYY)

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this certificate does not confer rights to the certificate holder in lieu		ternent on
PRODUCER USI Insurance Services NW	CONTACT NAME:	
601 Union Street, Suite 1000	PHONE (A/C, No, Ext): 206-441-6300 FAX (A/C, No):	
Seattle, WA 98101	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC#
	INSURER A: Everest National Insurance Company	10120
INSURED Michigan Chata Vauth Cassay Association	INSURER B: QBE Insurance Corporation	39217
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:	
Plymouth MI 48170	INSURER D :	
	INSURER E :	
	INSURER F:	
COVERAGES CERTIFICATE NUMBER: 637962	REVISION NUMBER:	
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW		
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDICERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFF		
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY H		
INSR ADDL SUBR	POLICY EFF POLICY EXP	

INSR LTR			ADDL SI	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
Α	✓ COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
							MED EXP (Any one person)	\$ Excluded
							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	AU	TOMOBILE LIABILITY		SI8GL01851-211	9/1/2021	9/1/2022	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		SI8EX01724-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,000,000
	1	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	\$
	(Mai	ndatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$
	If ye DES	s, describe under CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
В	Participant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000	

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 & Michigan Youth Soccer League 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
Chesterfield Township/Pollard Park 47275 Sugarbush Chesterfield MI 48051	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)

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this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).							
PRODUCER USI Insurance Service	es NW	CONTACT NAME:					
601 Union Street, Suit		PHONE (A/C, No, Ext): 206-441-6300 (A/C, No):					
Seattle, WA 98101		E-MAIL ADDRESS:		, , , , , ,			
			NAIC#				
		INSURER A : Ever	10120				
INSURED	INSURER B: QBE Insurance Corporation 39217						
Michigan State Youth Soccer 9401 General Drive, Suite 12	INSURER C:						
Plymouth MI 48170	0	INSURER D :					
,	INSURER E :						
		INSURER F:					
COVERAGES	CERTIFICATE NUMBER: 63796260		REVISION NU	MBER:			
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.					THE TEXTUO,		

ADDL SUBR INSD WVD POLICY EFF POLICY EXP (MM/DD/YYYY) INSR LTR TYPE OF INSURANCE POLICY NUMBER Α **COMMERCIAL GENERAL LIABILITY** SI8GL01851-211 9/1/2021 9/1/2022 EACH OCCURRENCE DAMAGE TO RENTED \$\$1,000,000 CLAIMS-MADE ✓ OCCUR \$\$300,000 PREMISES (Ea occurrence) MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$\$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$\$5,000,000 PRO-JECT POLICY LOC PRODUCTS - COMP/OP AGG \$\$1,000,000 \$\$1,000,000 OTHER: Participant Legal Liabi COMBINED SINGLE LIMIT (Ea accident) Α **AUTOMOBILE LIABILITY** SI8GL01851-211 9/1/2021 9/1/2022 \$\$1,000,000 ANY AUTO BODILY INJURY (Per person) SCHEDULED AUTOS NON-OWNED OWNED AUTOS ONLY HIRED BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTOS ONLY **AUTOS ONLY** UMBRELLA LIAB SI8EX01724-211 9/1/2021 9/1/2022 / OCCUR EACH OCCURRENCE \$\$5,000,000 **EXCESS LIAB CLAIMS-MADE AGGREGATE** \$\$5,000,000 DED RETENTION \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? 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 UBH000005 9/1/2021 Participant Accident Medical 9/1/2022 \$100,000

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 & Michigan Youth Soccer League 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
CHINA TOWNSHIP PARK 5298 INDIAN TRAIL CHINA TOWNSHIP MI 48054	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) 9/9/2021

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PRODUCER USI Insurance Services NW					CONTACT						
601 Union Street, Suite 1000					PHONE COC 444 COCC FAX						
Seattle, WA 98101				(A/C, No	,	206-441-6300) (A/C, No):				
					ADDRE		CUDED(S) AEEOE	RDING COVERAGE		NAIC#	
					INCLIDE			irance Company		10120	
INSL	RED						surance Corp			39217	
ΙM	ichigan State Youth Soccer Asse	ocia	tion				surance corp	oration		39217	
용	401 General Drive, Suite 120				INSURER C:						
	lymouth MI 48170				INSURER D : INSURER E :						
\Box	VERAGES CER	TIFIC	CATE	NUMBER: 63796261	INSURE	KF:		REVISION NUMBER:			
	HIS IS TO CERTIFY THAT THE POLICIES				/E BEE	N ISSUED TO			IE POL	ICY PERIOD	
IN	DICATED. NOTWITHSTANDING ANY RE	QUIF	REME	NT, TERM OR CONDITION	OF AN'	Y CONTRACT	OR OTHER I	DOCUMENT WITH RESPEC	T TO	WHICH THIS	
	ERTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH								ALL 7	HE TERMS,	
INSR	TYPE OF INSURANCE	ADDL	SUBR		J	POLICY EFF	POLICY EXP	LIMITS			
LTR A	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER SI8GL01851-211		(MM/DD/YYYY) 9/1/2021	(MM/DD/YYYY) 9/1/2022			0000	
 				5.50201001211		J, 1, LUL 1	J	DAMAGE TO RENTED	\$\$1,00	,	
	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence) \$\$300,		,	
								MED EXP (Any one person)	\$ Exclu		
								PERSONAL & ADV INJURY	\$\$1,00 \$\$5,00		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE			
	POLICY JECT LOC								\$\$1,00		
A	OTHER: AUTOMOBILE LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	COMBINED SINGLE LIMIT	\$\$1,00	-	
^	ANY AUTO			GIOGEOTOST ZTT		3/1/2021	3/1/2022	(=# 5/5/25/11)	\$\$1,00 \$	00,000	
	OWNED SCHEDULED							` ' '	\$		
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE	\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
	UMBRELLA LIAB / OCCUP			SI8EX01724-211		9/1/2021	9/1/2022				
	/ System / Occur			SIOLX01724-211		3/1/2021	3/1/2022	EACH OCCURRENCE	\$\$5,00	,	
	CLAIIVIS-IVIADE	-						AGGREGATE	\$ \$5,00	00,000	
	DED RETENTION \$ WORKERS COMPENSATION							PER OTH- STATUTE ER	\$		
	AND EMPLOYERS' LIABILITY										
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE			
В	DÉSCRIPTION OF OPERATIONS below Participant Accident Medical			UBH000005		9/1/2021	9/1/2022	\$100,000	\$		
	a tioipant / tooldont iviodical			05/1000000		0/1/2021	O/ I/ZOZZ	4100,000			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	IFS (CORE	101 Additional Remarks Schedu	le may h	e attached if mor	a enaca ie raquir	ed)			
"	SKII HON OF OF EKAHONO / EGOAHONO / VEHIO	LLO (<i>)</i>	TOOKE	7 101, Additional Remarks Schedu	ie, iliay b	e attached il moi	e space is requir	eu,			
This certificate is issued on behalf of Michigan State Youth Soccer Association & Michigan Youth Soccer League											
	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.										
<u></u>	TIFICATE LIOLDED				C 4 N 2	CI I A TION					
CERTIFICATE HOLDER					CANC	ELLATION					
SHO						ULD ANY OF	THE ABOVE D	ESCRIBED POLICIES BE CA	NCELL	ED BEFORE	
Ç	hippewa Valley High School 3300 19 Mile Road				THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN						
Clinton Township MI 48038					ACCORDANCE WITH THE POLICY PROVISIONS.						

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Gary D. Putterson

AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY) 9/9/2021

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PRODUCER USI Insurance Services NW			CONTACT							
601 Union Street, Suite 1000			NAME: PHONE		000 444 6000	FAX				
	Seattle, WA 98101				(A/C, No E-MAIL	,	06-441-6300	(A/C, No):		
					ADDRES					
								DING COVERAGE		NAIC#
INSU	DED							rance Company		10120
M	ichigan State Youth Soccer Ass	ociat	tion			<mark>кв: QBE Ins</mark>	urance Corp	oration		39217
9,	401 General Drive, Suite 120 lymouth MI 48170				INSURER C:					
Г	lymouth wir 48170				INSURER D : INSURER E :					
					INSURE					
CO	VERAGES CER	TIFIC	CATE	NUMBER: 63796262				REVISION NUMBER:		
IN CI	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY REERTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH	QUIF PERT POLI	REMEN	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF ANY	CONTRACT THE POLICIES	OR OTHER I	DOCUMENT WITH RESPEC	CT TO V	WHICH THIS
LTR	TYPE OF INSURANCE		WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S	
Α	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE DAMAGE TO RENTED	\$\$1,00	· ·
	CLAIMS-MADE ✓ OCCUR							PREMISES (Ea occurrence)	\$\$300	<i>'</i>
								MED EXP (Any one person)	\$ Exclu	
								PERSONAL & ADV INJURY	\$\$1,000,000 \$\$5,000,000	
	POLICY PRO- POLICY JECT LOC							GENERAL AGGREGATE	+ · · /	· · · · · · · · · · · · · · · · · · ·
								PRODUCTS - COMP/OP AGG Participant Legal Liabi	\$\$1,00 \$\$1,00	· ·
Α	OTHER: AUTOMOBILE LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	COMBINED SINGLE LIMIT	\$\$1,00	
ANY AUTO								(Ea accident) BODILY INJURY (Per person)	\$	50,000
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per accident)	\$	
	HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
	AUTOS GNET							(i di distribution)	\$	
	UMBRELLA LIAB ✓ OCCUR			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,00	00,000
	✓ EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$\$5,00	00,000
	DED RETENTION \$								\$	
WORKERS COMPENSATION AND 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	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
B Participant Accident Medical UBH000005 9/1/2021 9/1/2022 \$100,000										
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORD	101, Additional Remarks Schedu	le, may be	attached if more	space is require	ed)		
Ce	s certificate is issued on behalf of Mich rtificate holder is Additional Insured as r he state association. Waiver of Subrog	espe	cts the	e operations of the Named	Insured	d for sanction				
CEI	RTIFICATE HOLDER				CANC	ELLATION				
Churchhill High School 8900 Newburgh Rd Livonia MI 48150				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
					MUTHU	RIZED REPRESEN	TIALIVE			

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Gary D. Putterson



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this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).					
CONTACT NAME:					
NAIC#					
10120					
39217					
POLICY PERIOD					
O WHICH THIS L THE TERMS,					
7					

EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. POLICY EFF POLICY EXP (MM/DD/YYYY) ADDL SUBR TYPE OF INSURANCE POLICY NUMBER LIMITS LTR INSD WVD **COMMERCIAL GENERAL LIABILITY** Α SI8GL01851-211 9/1/2021 9/1/2022 EACH OCCURRENCE DAMAGE TO RENTED \$\$1,000,000 CLAIMS-MADE ✓ OCCUR \$\$300,000 PREMISES (Ea occurrence) MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$\$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$\$5,000,000 PRO-JECT POLICY LOC PRODUCTS - COMP/OP AGG \$\$1,000,000 \$\$1,000,000 OTHER: Participant Legal Liabi COMBINED SINGLE LIMIT (Ea accident) Α **AUTOMOBILE LIABILITY** SI8GL01851-211 9/1/2021 9/1/2022 \$\$1,000,000 ANY AUTO BODILY INJURY (Per person) SCHEDULED AUTOS NON-OWNED OWNED AUTOS ONLY HIRED BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTOS ONLY **AUTOS ONLY** UMBRELLA LIAB SI8EX01724-211 9/1/2021 9/1/2022 / OCCUR EACH OCCURRENCE \$\$5,000,000 **EXCESS LIAB CLAIMS-MADE AGGREGATE** \$\$5,000,000 DED RETENTION \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? 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 UBH000005 9/1/2021 9/1/2022 Participant Accident Medical \$100,000

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 & Michigan Youth Soccer League 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 Birmingham-Poppleton Park 2300 East Lincoln Birmingham MI 48009	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 confer rights to the certificate holder in lieu of such endorsement(s).						
PRODUCER USI Insurance Services NW	CONTACT NAME:					
601 Union Street, Suite 1000	PHONE (A/C, No, Ext): 206-441-6300 FAX (A/C, No):					
Seattle, WA 98101	E-MAIL ADDRESS:					
	INSURER(S) AFFORDING COVERAGE	NAIC#				
	INSURER A: Everest National Insurance Company	10120				
INSURED	INSURER B: QBE Insurance Corporation 39217					
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:					
Plymouth MI 48170	INSURER D:					
	INSURER E:					
	INSURER F:					
COVERAGES CERTIFICATE NUMBER: 63796264	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,						
EVALUEIONE AND CONDITIONS OF SUCH DOLLCIES LIMITS SHOWN MAY HAVE DEED DEFINED DELICED BY DAID CLAIMS						

EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INSR LTR POLICY EFF POLICY EXP (MM/DD/YYYY) ADDL SUBR TYPE OF INSURANCE POLICY NUMBER INSD WVD Α **COMMERCIAL GENERAL LIABILITY** SI8GL01851-211 9/1/2021 9/1/2022 EACH OCCURRENCE DAMAGE TO RENTED \$\$1,000,000 CLAIMS-MADE ✓ OCCUR \$\$300,000 PREMISES (Ea occurrence) MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$\$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$\$5,000,000 PRO-JECT POLICY LOC PRODUCTS - COMP/OP AGG \$\$1,000,000 \$\$1,000,000 OTHER: Participant Legal Liabi COMBINED SINGLE LIMIT (Ea accident) Α **AUTOMOBILE LIABILITY** SI8GL01851-211 9/1/2021 9/1/2022 \$\$1,000,000 ANY AUTO BODILY INJURY (Per person) SCHEDULED AUTOS NON-OWNED OWNED AUTOS ONLY HIRED **BODILY INJURY (Per accident)** \$ PROPERTY DAMAGE (Per accident) \$ AUTOS ONLY **AUTOS ONLY** UMBRELLA LIAB SI8EX01724-211 9/1/2021 9/1/2022 / OCCUR EACH OCCURRENCE \$\$5,000,000 **EXCESS LIAB CLAIMS-MADE AGGREGATE** \$\$5,000,000 DED RETENTION \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? 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 UBH000005 9/1/2021 Participant Accident Medical 9/1/2022 \$100,000

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 & Michigan Youth Soccer League 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 Grosse Pointe Farms 90 Kerby Road Grosse Pointe Farms MI 48236	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
	dary ratterson



DATE (MM/DD/YYYY) 9/9/2021

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).												
th	his certificate does not confer rights to the certificate holder in lieu		sement(s)										
PROD	DDUCER USI Insurance Services NW	CONTACT NAME:											
	601 Union Street, Suite 1000	PHONE											
	Seattle, WA 98101	E-MAIL ADDRESS:	•										
			INS	URER(S) AFFOR	DING COVERAGE		NAIC#						
		INSURER A:	: Everest	National Insu	rance Company		10120						
	JRED	INSURER B:	: QBE Ins	urance Corp	oration		39217						
M Q	Aichigan State Youth Soccer Association 401 General Drive, Suite 120	INSURER C :	INSURER C:										
PI	Plymouth MI 48170	INSURER D :	INSURER D:										
	,	INSURER E :	INSURER E :										
		INSURER F :	INSURER F:										
CO	VERAGES CERTIFICATE NUMBER: 6379626	5			REVISION NUMI	BER:							
TH	HIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW	HAVE BEEN IS	SSUED TO	THE INSURE	D NAMED ABOVE	FOR THE POI	ICY PERIOD						
IN	NDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDIT	ION OF ANY CO	ONTRACT	OR OTHER I	OCUMENT WITH	RESPECT TO	WHICH THIS						
CE	ERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFF	ORDED BY THE	E POLICIES	S DESCRIBED	HEREIN IS SUB	JECT TO ALL	THE TERMS,						
EΣ	XCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY H	AVE BEEN REDL	UCED BY F	PAID CLAIMS.									
INSR LTR	TYPE OF INSURANCE ADDL SUBR INSD WVD POLICY NUMBI		POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS										
Α	COMMERCIAL GENERAL LIABILITY SI8GL01851-211	9/1	1/2021	9/1/2022	EACH OCCURRENCE	s\$1.0	00.000						
	CLAIMS-MADE / OCCUR				DAMAGE TO RENTEL	0 0000	,						

LIN	LIK			44 A D	I OLIOT NOMBER	(WINNI/DD/1111)			
Α	1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
	CLAIMS-MADE ✓ OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
								MED EXP (Any one person)	\$ Excluded
								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			SI8GL01851-211	9/1/2021	9/1/2022	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			SI8EX01724-211	9/1/2021	9/1/2022	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 Y / 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	B Participant Accident Medical				UBH000005	9/1/2021	9/1/2022	\$100,000	

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

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CERTIFICATE HOLDER	CANCELLATION
CITY OF LAPEER AUDUBON PARK 325 PARKWAY ST. LAPEER MI 48446	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)

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this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).											
PRODUCER USI Insurance Services NW	CONTACT NAME:										
601 Union Street, Suite 1000	PHONE (A/C, No, Ext): 206-441-6300 (A/C, No):										
Seattle, WA 98101	E-MAIL ADDRESS:										
	INSURER(S) AFFORDING COVERAGE	NAIC#									
	INSURER A: Everest National Insurance Company	10120									
INSURED	INSURER B: QBE Insurance Corporation 39										
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:										
Plymouth MI 48170	INSURER D:										
,	INSURER E :										
	INSURER F:										
COVERAGES CERTIFICATE NUMBER: 63796266	REVISION NUMBER:										
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA	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. POLICY EFF POLICY EXP (MM/DD/YYYY) ADDL SUBR **TYPE OF INSURANCE** POLICY NUMBER LIMITS LTR INSD WVD **COMMERCIAL GENERAL LIABILITY** Α SI8GL01851-211 9/1/2021 9/1/2022 EACH OCCURRENCE DAMAGE TO RENTED \$\$1,000,000 CLAIMS-MADE ✓ OCCUR \$\$300,000 PREMISES (Ea occurrence) MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$\$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$\$5,000,000 PRO-JECT POLICY LOC PRODUCTS - COMP/OP AGG \$\$1,000,000 \$\$1,000,000 OTHER: Participant Legal Liabi COMBINED SINGLE LIMIT (Ea accident) Α **AUTOMOBILE LIABILITY** SI8GL01851-211 9/1/2021 9/1/2022 \$\$1,000,000 ANY AUTO BODILY INJURY (Per person) SCHEDULED AUTOS NON-OWNED OWNED AUTOS ONLY HIRED **BODILY INJURY (Per accident)** \$ PROPERTY DAMAGE (Per accident) \$ AUTOS ONLY **AUTOS ONLY** UMBRELLA LIAB SI8EX01724-211 9/1/2021 9/1/2022 / OCCUR EACH OCCURRENCE \$\$5,000,000 **EXCESS LIAB CLAIMS-MADE AGGREGATE** \$\$5,000,000 DED RETENTION \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? 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 UBH000005 9/1/2021 9/1/2022 Participant Accident Medical \$100,000

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

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CERTIFICATE HOLDER	CANCELLATION
CITY OF LAPEER OPTIMIST SOCCER FIELDS 880 SAGINAW ST. LAPEER MI 48446	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) 9/9/2021

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lf	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).											
	DUCER USI Insurance Services N	W			CONTAC NAME:		,					
	601 Union Street, Suite 10	000			PHONE (A/C, No	, Ext): 2	206-441-6300	FAX (A/C, No):				
	Seattle, WA 98101				E-MAIL ADDRES	SS:						
					INSURER(S) AFFORDING COVERAGE					NAIC#		
					INSURE	RA: Everest	National Insu	rance Company		10120		
INSU					INSURE	кв: QBE Ins	surance Corp	oration		39217		
M Q	ichigan State Youth Soccer Ass 101 General Drive, Suite 120	ociat	ion		INSURE	RC:						
P	ymouth MI 48170				INSURE	RD:						
					INSURE	RE:						
					INSURE	RF:						
				NUMBER: 63796267				REVISION NUMBER:				
	HIS IS TO CERTIFY THAT THE POLICIES											
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,												
	CCLUSIONS AND CONDITIONS OF SUCH				BEEN F							
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	S			
Α	✓ COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,00	00,000		
	CLAIMS-MADE ✓ OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300	,000		
								MED EXP (Any one person)	\$ Exclu	uded		
								PERSONAL & ADV INJURY	\$\$1,00	00,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$\$5,00	00,000		
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG		\$\$1,00	00,000			
	OTHER:								\$\$1,00	00,000		
Α	AUTOMOBILE LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,00	00,000		
	ANY AUTO							BODILY INJURY (Per person)	\$			
	OWNED SCHEDULED AUTOS ONLY							· 'I	\$			
	✓ HIRED AUTOS ONLY ✓ NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$			
									\$			
	UMBRELLA LIAB ✓ OCCUR			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,00	00,000		
	✓ EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$\$5,00	00,000		
	DED RETENTION \$								\$			
	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	\$			
R	Participant Accident Medical	1		LIBHOOOOS		0/1/2021	0/1/2022	\$100,000				

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

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CERTIFICATE HOLDER	CANCELLATION
City of Rochester Hills 1000 Rochester Hills Drive Rochester Hills 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 Patterson
	dary raileisuri



DATE (MM/DD/YYYY)

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this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).											
PRODUCER USI Insurance Services NW	CONTACT NAME:										
601 Union Street, Suite 1000	PHONE (A/C, No, Ext): 206-441-6300 (A/C, No):										
Seattle, WA 98101	E-MAIL ADDRESS:										
	INSURER(S) AFFORDING COVERAGE	NAIC#									
	INSURER A: Everest National Insurance Company	10120									
INSURED A	INSURER B: QBE Insurance Corporation										
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:										
Plymouth MI 48170	INSURER D :										
,	INSURER E :										
	INSURER F:										
COVERAGES CERTIFICATE NUMBER: 63796268	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.											

POLICY EFF POLICY EXP (MM/DD/YYYY) INSR LTR ADDL SUBR TYPE OF INSURANCE POLICY NUMBER LIMITS INSD WVD Α **COMMERCIAL GENERAL LIABILITY** SI8GL01851-211 9/1/2021 9/1/2022 EACH OCCURRENCE DAMAGE TO RENTED \$\$1,000,000 CLAIMS-MADE ✓ OCCUR \$\$300,000 PREMISES (Ea occurrence) MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$\$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$\$5,000,000 PRO-JECT POLICY LOC PRODUCTS - COMP/OP AGG \$\$1,000,000 \$\$1,000,000 OTHER: Participant Legal Liabi COMBINED SINGLE LIMIT (Ea accident) Α **AUTOMOBILE LIABILITY** SI8GL01851-211 9/1/2021 9/1/2022 \$\$1,000,000 ANY AUTO BODILY INJURY (Per person) SCHEDULED AUTOS NON-OWNED OWNED AUTOS ONLY HIRED **BODILY INJURY (Per accident)** \$ PROPERTY DAMAGE (Per accident) \$ AUTOS ONLY **AUTOS ONLY** UMBRELLA LIAB SI8EX01724-211 9/1/2021 9/1/2022 / OCCUR EACH OCCURRENCE \$\$5,000,000 **EXCESS LIAB CLAIMS-MADE AGGREGATE** \$\$5,000,000 RETENTION \$ DED WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? 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 Participant Accident Medical UBH000005 9/1/2021 9/1/2022 \$100,000

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 & Michigan Youth Soccer League 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. Coverage is Primary Non-Contributory, forms attached.

	AUTHORIZED REPRESENTATIVE ### D. Patterson Gary Patterson						
City of Rochester Hills Borden Park 1400 E. Hamlin Road Rochester Hills 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.						
CERTIFICATE HOLDER	CANCELLATION						



DATE (MM/DD/YYYY) 9/9/2021

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

							rms and conditions of th				require an endorsement	. A st	atement on
_				e Services N				CONTACT NAME:					
		601 Union	St	reet, Suite 10				PHONE (A/C, No	Evt).	206-441-6300	FAX (A/C, No):		
		Seattle, W	A 9	98101				E-MAIL ADDRE	SS.		(A30, NO).		
								ADDICE		SURFR(S) AFFOR	RDING COVERAGE		NAIC#
								INSLIDE		. ,	rance Company		10120
INSL	IRED								RB: QBE Ins		' '		39217
M	lichi	igan State Yo	uth	Soccer Asso	ocia	tion		INSURE		surance corp	oration		00217
		General Drivouth MI 481		Suite 120				INSURE					
「	ıyııı	Outil Wil 461	70					INSURE					
\Box	VER	RAGES		CER	TIFIC	^ A T E	NUMBER: 63796269	INSURE	KF:		REVISION NUMBER:		
			THA				RANCE LISTED BELOW HA	VF BFF	N ISSUED TO			IF POI	ICY PERIOD
IN	IDIC	ATED. NOTWIT	HST	ANDING ANY RE	QUIF	REME	NT, TERM OR CONDITION	OF AN'	Y CONTRACT	OR OTHER I	DOCUMENT WITH RESPEC	TO Y	WHICH THIS
							THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE					ALL 1	HE TERMS,
INSR LTR		TYPE OF II				SUBR WVD		DEEIN F	POLICY EFF	POLICY EXP			
LTR A	ļ .	COMMERCIAL GE			INSD	WVD	POLICY NUMBER SI8GL01851-211		(MM/DD/YYYY) 9/1/2021	(MM/DD/YYYY) 9/1/2022	LIMITS		
^	/		Г				0100L01031-211		J/ 1/2021	3/1/2022	EACH OCCURRENCE DAMAGE TO RENTED	\$\$1,00	
		CLAIMS-MAD	E	✓ OCCUR							PREMISES (Ea occurrence)	\$\$300	<i></i>
											MED EXP (Any one person)	\$ Exclu	
											PERSONAL & ADV INJURY	\$\$1,00	· ·
	GEN	N'L AGGREGATE LIN		PPLIES PER:							GENERAL AGGREGATE	\$\$5,00	00,000
		POLICY PR	CT	LOC							PRODUCTS - COMP/OP AGG	\$\$1,00	· ·
<u> </u>		OTHER:					0100101010		2/1/2221	2111222	Participant Legal Liabi COMBINED SINGLE LIMIT	\$\$1,00	•
A AUTOMOBILE LIABILITY							SI8GL01851-211		9/1/2021	9/1/2022	(Ea accident)	\$\$1,00	00,000
		ANY AUTO) courpui ep							BODILY INJURY (Per person)	\$	
		OWNED AUTOS ONLY		SCHEDULED AUTOS NON-OWNED							BODILY INJURY (Per accident)	\$	
	1	HIRED AUTOS ONLY	/	AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
												\$	
		UMBRELLA LIAB	L	✓ OCCUR			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,00	00,000
	✓	EXCESS LIAB		CLAIMS-MADE							AGGREGATE	\$\$5,00	00,000
		DED RETE										\$	
		RKERS COMPENSAT EMPLOYERS' LIAB		/							PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PART	NER/	EXECUTIVE TITE	N/A						E.L. EACH ACCIDENT	\$	
	(Mar	ndatory in NH)	JUDE								E.L. DISEASE - EA EMPLOYEE	\$	
	DÉS	s, describe under CRIPTION OF OPER									E.L. DISEASE - POLICY LIMIT	\$	
В	Par	ticipant Acciden	t Me	edical			UBH000005		9/1/2021	9/1/2022	\$100,000		
DES	CRIPT	TION OF OPERATION	NS/I	LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requir	ed)		
\mid $_{Th}$	is ce	ertificate is issue	d o	n behalf of Mich	igan	State	Youth Soccer Association	& Michi	igan Youth So	ccer League			
Ce	rtific	ate holder is Ad	ditio	onal Insured as r	espe	cts th	e operations of the Named	l Insure	d for sanction				
of	the s	state association	1. V	laiver of Subroga	ation	appli	es when required by writter	n contra	act.				
CE	RTIF	ICATE HOLD	ER					CANO	CELLATION				
_	itv	of Shelby									ESCRIBED POLICIES BE CA		
5	270	0 Van Dyke									EREOF, NOTICE WILL B Y PROVISIONS.	E DEI	IVERED IN
Š	hell	oy MI 48316											
l								AUTHORIZED REPRESENTATIVE					

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Gary D. Putterson



DATE (MM/DD/YYYY) 9/9/2021

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						ms and conditions of the				require an endorsement	. A st	atement on
		R USI Insurance			COIL	incate notaer in nea or st	CONTAC		/ <u>•</u>			
		601 Union St	reet Suite 10	NV NO			NAME: PHONE (A/C, No		200 444 0000	FAX		
		Seattle, WA 9		00			E-MAIL ADDRES	, Ext): 2	206-441-6300) (A/C, No):		
		·					ADDRES					
							INSURER(S) AFFORDING COVERAGE NAIC #					
										irance Company		10120
INSU		igan State Youth	Socor Acc	ooiot	tion		INSURE	<mark>кв: QBE Ins</mark>	urance Corp	oration		39217
94	401	General Drive,	Suite 120	Julai	lion		INSURE	RC:				
P	lym	outh MI 48170	00.10 120				INSURE	RD:				
	-						INSURE	RE:				
							INSURE	RF:				
CO	VER	RAGES	CER	TIFIC	CATE	NUMBER: 63796270				REVISION NUMBER:		
IN CI EX	IDICA ERTI XCLU	ATED. NOTWITHST IFICATE MAY BE IS	ANDING ANY RE SUED OR MAY I TIONS OF SUCH	QUIR PERT POLIC	REMEI	RANCE LISTED BELOW HAY NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF ANY	CONTRACT THE POLICIES	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPECT TO	CT TO V	WHICH THIS
INSR LTR		TYPE OF INSUF	RANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S	
Α	1	COMMERCIAL GENER	AL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,00	00,000
		CLAIMS-MADE	✓ OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300	,000
										MED EXP (Any one person)	\$ Exclu	ıded
										PERSONAL & ADV INJURY	\$\$1,00	00,000
	GEN	N'L AGGREGATE LIMIT A	PPLIES PER:							GENERAL AGGREGATE	\$\$5,00	00,000
		POLICY PRO- JECT	LOC							PRODUCTS - COMP/OP AGG	\$\$1,00	00,000
		OTHER:								Participant Legal Liabi	\$\$1.00	,
Α	-					SI8GL01851-211		9/1/2021	9/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,00	
		ANY AUTO								BODILY INJURY (Per person)	\$	50,000
		OWNED	SCHEDULED							BODILY INJURY (Per accident)	\$	
		AUTOS ONLY HIRED	AUTOS NON-OWNED							PROPERTY DAMAGE	\$	
		AUTOS ONLY	AUTOS ONLY							(Per accident)	\$	
		UMBRELLA LIAB				SI8EX01724-211		9/1/2021	9/1/2022		-	2000
	_	EXCESS LIAB	✓ OCCUR			SIOLXU1724-211		9/1/2021	3/1/2022	EACH OCCURRENCE	\$\$5,00	,
	_	EXCESS LIAB	CLAIMS-MADE							AGGREGATE	\$\$5,00	00,000
	WOF	DED RETENTION								PER OTH	\$	
		EMPLOYERS' LIABILITY								PER OTH- STATUTE ER		
		PROPRIETOR/PARTNER/ ICER/MEMBEREXCLUDE	EXECUTIVE -	N/A						E.L. EACH ACCIDENT	\$	
	(Mar	ndatory in NH) s, describe under								E.L. DISEASE - EA EMPLOYEE	\$	
	DÉS	CRIPTION OF OPERATION								E.L. DISEASE - POLICY LIMIT	\$	
В	Par	ticipant Accident Me	edical			UBH000005		9/1/2021	9/1/2022	\$100,000		
DES	CRIPT	TION OF OPERATIONS / I	LOCATIONS / VEHICL	ES (A	CORD	101, Additional Remarks Schedu	le, may be	attached if more	space is require	ed)		
Ce	rtific	ate holder is Addition	onal Insured as re	espe	cts th	Youth Soccer Association e operations of the Named as when required by writter	Insure	d for sanction				
CE'	QTIE	FICATE HOLDER					CANC	ELLATION				
UEI	X I II	IVATE HULDEK					CANC	LLATION				
B La	edfo athr	of Southfield ord Woods Park up Drive					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
S	outl	hfield MI 48076	5				AUTHORIZED REPRESENTATIVE					

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Gary D. Putterson



DATE (MM/DD/YYYY)

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							rms and conditions of th ificate holder in lieu of su				require an endo	orsement	. A st	atement on
_				e Services N		Cert	mode noider in ned 01 St	CONTACT						
	5002	601 Union	St	reet, Suite 10	VV NOO			NAME: PHONE		000 444 0000		FAX		
		Seattle, W.	Α 9	8101	,00			PHONE (A/C, No, Ext): 206-441-6300 FAX (A/C, No): E-MAIL ADDRESS:						
														NAIC#
								INSURER A: Everest National Insurance Company						10120
INSU		· · · · · · · · · · · · · · · · · ·						INSURE	RB: QBE In:	surance Corp	oration			39217
l M	ichi 101	gan State Yo General Driv	utr	n Soccer Ass	ocia	tion		INSURER C:						
Ρ̈́	lymo	outh MI 481	70	Suite 120				INSURE	RD:					
	•							INSURE	RE:					
								INSURE	RF:					
_		AGES					NUMBER: 63796271				REVISION NUI			
							RANCE LISTED BELOW HAY							
CI	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,													
						CIES. SUBR	LIMITS SHOWN MAY HAVE	BEEN F	POLICY EFF	PAID CLAIMS. POLICY EXP				
INSR LTR		TYPE OF IN			INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMIT		
A	/	COMMERCIAL GE	Г				SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENT DAMAGE TO RENT	ED	\$\$1,00	
		CLAIMS-MAD	E [✓ OCCUR							PREMISES (Ea occ		\$\$300	,
											MED EXP (Any one	·	\$ Exclu	
											PERSONAL & ADV		\$\$1,00 \$\$5,00	
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC										PRODUCTS - COM		\$\$1,00	
		OTHER:	C1								Participant Lega		\$\$1,00	
Α	_						SI8GL01851-211		9/1/2021	9/1/2022	COMBINED SINGLE (Ea accident)		\$\$1,00	
		ANY AUTO									BODILY INJURY (P	er person)	\$	70,000
		OWNED AUTOS ONLY		SCHEDULED AUTOS							BODILY INJURY (P	er accident)	\$	
	/	HIRED AUTOS ONLY	/	NON-OWNED AUTOS ONLY							PROPERTY DAMA((Per accident)	GE	\$	
		7.0.00 0.12.		7.0.00 0.12.							, , , , , , , , , , , , , , , , , , , ,		\$	
		UMBRELLA LIAB		✓ OCCUR			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURREN	CE	\$\$5,00	00,000
	1	EXCESS LIAB		CLAIMS-MADE							AGGREGATE		\$\$5,00	00,000
		DED RETE											\$	
		KERS COMPENSATEMPLOYERS' LIAB		•							PER STATUTE	OTH- ER		
	ANYF	PROPRIETOR/PARTI CER/MEMBEREXCL	NER/	EXECUTIVE TIN	N/A						E.L. EACH ACCIDE	NT	\$	
	(Man	datory in NH) s, describe under	.002								E.L. DISEASE - EA	EMPLOYEE	\$	
L.	DÉS	CRIPTION OF OPER					LIBLIOOOOF		0/4/0004	0/4/0000	E.L. DISEASE - POI	ICY LIMIT	\$	
В	Part	icipant Acciden	t ivie	edicai			UBH000005		9/1/2021	9/1/2022	\$100,000			
DES	PIDT	ION OF OPERATION	MS / !	LOCATIONS (VENIC	LEC /	COBD	101, Additional Remarks Schedu	lo may b	attached if man	o enaco la recui-) 			
DES	-KIF I	ION OF OPERATION	N3/1	LOCATIONS / VEHIC	LES (F	CORL	7 TOT, Additional Remarks Schedu	ie, iliay bi	e attached il moi	e space is require	eu)			
							Youth Soccer Association e operations of the Named							
							es when required by writter			ied activities				
CERTIFICATE HOLDER									ELLATION					
l c	ity c	of Sterlina He	eiał	hts							ESCRIBED POLICE REOF, NOTICE			-
<u>آ</u> م ا	าร์ร	of Sterling He 5 Utica Bd	٦.								Y PROVISIONS			

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Gary D. Patterson

Sterling Heights MI 48313

AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY)

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this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).					
PRODUCER USI Insurance Services NW	CONTACT NAME:				
601 Union Street, Suite 1000	PHONE (A/C, No, Ext): 206-441-6300 (A/C, No):				
Seattle, WA 98101	E-MAIL ADDRESS:				
	INSURER(S) AFFORDING COVERAGE	NAIC#			
	INSURER A: Everest National Insurance Company	10120			
Michigan State Youth Soccer Association	INSURER B: QBE Insurance Corporation 39217				
	INSURER C:				
Plymouth MI 48170	INSURER D:				
,	INSURER E :				
	INSURER F:	l			
COVERAGES CERTIFICATE NUMBER: 63796272	REVISION NUMBER:				
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA					
Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth MI 48170 COVERAGES CERTIFICATE NUMBER: 63796272	INSURER A: Everest National Insurance Company INSURER B: QBE Insurance Corporation INSURER C: INSURER D: INSURER E: INSURER F: REVISION NUMBER: VE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLOF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO	10120 39217 LICY PERIOD WHICH THIS			

EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. POLICY EFF POLICY EXP (MM/DD/YYYY) ADDL SUBR TYPE OF INSURANCE POLICY NUMBER LIMITS LTR INSD WVD **COMMERCIAL GENERAL LIABILITY** Α SI8GL01851-211 9/1/2021 9/1/2022 EACH OCCURRENCE DAMAGE TO RENTED \$\$1,000,000 CLAIMS-MADE ✓ OCCUR \$\$300,000 PREMISES (Ea occurrence) MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$\$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$\$5,000,000 PRO-JECT POLICY LOC PRODUCTS - COMP/OP AGG \$\$1,000,000 \$\$1,000,000 OTHER: Participant Legal Liabi COMBINED SINGLE LIMIT (Ea accident) Α **AUTOMOBILE LIABILITY** SI8GL01851-211 9/1/2021 9/1/2022 \$\$1,000,000 ANY AUTO BODILY INJURY (Per person) SCHEDULED AUTOS NON-OWNED OWNED AUTOS ONLY HIRED BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTOS ONLY **AUTOS ONLY** UMBRELLA LIAB SI8EX01724-211 9/1/2021 9/1/2022 / OCCUR EACH OCCURRENCE \$\$5,000,000 **EXCESS LIAB CLAIMS-MADE AGGREGATE** \$\$5,000,000 DED RETENTION \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? 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 UBH000005 9/1/2021 9/1/2022 Participant Accident Medical \$100,000

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 & Michigan Youth Soccer League 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 Sterling Heights Farmstead Park 40555 Utica Road	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Sterling Heights MI 48313	AUTHORIZED REPRESENTATIVE
1	Gary Patterson
	dary Fatterson



DATE (MM/DD/YYYY)

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PRODUCER USI Insurance Services	NW	CONTACT NAME:			
601 Union Street, Suite	1000	PHONE (A/C, No, Ext):	206-441-6300	FAX (A/C, No):	
Seattle, WA 98101		E-MAIL ADDRESS:			
			INSURER(S) AFFORDING COVER	AGE	NAIC#
		INSURER A : Ever	est National Insurance Com	pany	10120
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER B: QBE Insurance Corporation				
	INSURER C :				
Plymouth MI 48170		INSURER D :			
		INSURER E :			
		INSURER F:			
COVERAGES	ERTIFICATE NUMBER: 63796273		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. POLICY EFF POLICY EXP (MM/DD/YYYY) ADDL SUBR TYPE OF INSURANCE POLICY NUMBER LTR INSD WVD **COMMERCIAL GENERAL LIABILITY** Α SI8GL01851-211 9/1/2021 9/1/2022 EACH OCCURRENCE DAMAGE TO RENTED \$\$1,000,000 CLAIMS-MADE ✓ OCCUR \$\$300,000 PREMISES (Ea occurrence) MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$\$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$\$5,000,000 PRO-JECT POLICY LOC PRODUCTS - COMP/OP AGG \$\$1,000,000 \$\$1,000,000 OTHER: Participant Legal Liabi COMBINED SINGLE LIMIT (Ea accident) Α **AUTOMOBILE LIABILITY** SI8GL01851-211 9/1/2021 9/1/2022 \$\$1,000,000 ANY AUTO BODILY INJURY (Per person) SCHEDULED AUTOS NON-OWNED OWNED AUTOS ONLY HIRED BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTOS ONLY **AUTOS ONLY** UMBRELLA LIAB SI8EX01724-211 9/1/2021 9/1/2022 / OCCUR EACH OCCURRENCE \$\$5,000,000 **EXCESS LIAB CLAIMS-MADE AGGREGATE** \$\$5,000,000 DED RETENTION \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY

9/1/2021

9/1/2022

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

UBH000005

N/A

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CERTIFICATE HOLDER	CANCELLATION
City of Sterling Heights Parks and Recreation 40555 Utica Road Sterling Heights MI 48313	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 ###################################

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E.L. EACH ACCIDENT

\$100,000

E.L. DISEASE - EA EMPLOYEE

E.L. DISEASE - POLICY LIMIT

\$

\$

ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED?

If yes, describe under DESCRIPTION OF OPERATIONS below

Participant Accident Medical

(Mandatory in NH)



DATE (MM/DD/YYYY)

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this certificate does not confer ri	ignts to the certificate holder in lieu of s	ucn enaorseme	nt(s).		
PRODUCER USI Insurance Service	es NW	CONTACT NAME:			
601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-441-6300	FAX (A/C, No):		
Seattle, WA 98101		E-MAIL ADDRESS:			
			INSURER(S) AFFORDING COVERAG	SE .	NAIC#
		INSURER A: Everest National Insurance Company			10120
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER B: QBE	Insurance Corporation		39217	
	INSURER C:				
Plymouth MI 48170		INSURER D :			
,		INSURER E :			
		INSURER F:			
COVERAGES	CERTIFICATE NUMBER: 63796274		REVISION N	NUMBER:	
THIS IS TO CERTIFY THAT THE PO	LICIES OF INSURANCE LISTED BELOW HA	VE BEEN ISSUED	TO THE INSURED NAMED AF	SOVE FOR THE POL	ICY PERIOD

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			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
								MED EXP (Any one person)	\$ Excluded
								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			SI8GL01851-211	9/1/2021	9/1/2022	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)	\$
									\$
1		UMBRELLA LIAB ✓ OCCUR			SI8EX01724-211	9/1/2021	9/1/2022	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 ICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
1	(Mar	ndatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Par	ticipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000	

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 & Michigan Youth Soccer League 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 Sterling Heights Parks and Recreation 40555 Utica Road Sterling Heights MI 48313	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) 9/9/2021

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.

	SUBROGATION IS WAIVED, subject nis certificate does not confer rights t							require an endorsement.	A statement on
-	DUCER USI Insurance Services N		COIL	incate notaer in nea or st	CONTA		<i>)</i> ·		
601 Union Street, Suite 1000			PHONE (A/C, No		200 444 0000	FAX			
	Seattle, WA 98101				E-MAIL ADDRE	o, Ext): 4	206-441-6300	(A/C, No):	
					ADDRE				
								RDING COVERAGE	NAIC#
								irance Company	10120
	red Iichigan State Youth Soccer Ass	ociat	tion		INSURE	RB: QBE Ins	surance Corp	oration	39217
9	401 General Drive, Suite 120	Joia			INSURE	RC:			
P	lymouth MI 48170				INSURE	R D :			
					INSURE	RE:			
					INSURE	RF:			
_				NUMBER: 63796275				REVISION NUMBER:	
	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE								
	ERTIFICATE MAY BE ISSUED OR MAY								
	XCLUSIONS AND CONDITIONS OF SUCH				BEEN F				
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
Α	✓ COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE \$5	\$1,000,000
	CLAIMS-MADE / OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$5	\$300,000
								` '	Excluded
								PERSONAL & ADV INJURY \$5	\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:								\$5,000,000
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG \$	\$1,000,000
	OTHER:								\$1,000,000
Α	AUTOMOBILE LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	COMPINED ONIOLE LINUT	\$1,000,000
	ANY AUTO							BODILY INJURY (Per person) \$	φ1,000,000
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per accident) \$	
	, HIRED , NON-OWNED							PROPERTY DAMAGE	
	AUTOS ONLY AUTOS ONLY							(Per accident) \$	
	UMBRELLA LIAB ✓ OCCUR			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURRENCE \$5	\$5,000,000
	✓ EXCESS LIAB CLAIMS-MADE								\$5,000,000 \$5,000,000
	CLAINIS-WADE							AGGREGATE \$	φ5,000,000
	DED RETENTION \$ WORKERS COMPENSATION							PER OTH- STATUTE ER	
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE							<u> </u>	
	OFFICER/MEMBEREXCLUDED?	N/A						E.L. EACH ACCIDENT \$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE \$	
В	DÉSCRIPTION OF OPERATIONS below Participant Accident Medical			UBH000005		9/1/2021	9/1/2022	E.L. DISEASE - POLICY LIMIT \$ \$100,000	
	a dispant resident medical			0211000000		0/1/2021	07172022	4100,000	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	ES //	COPD	101 Additional Pomarks Schodu	lo may h	o attached if mor	o enaco le roquir	od)	
"	ONI HON OF OF ENAMEND / ECOAHIONO / VEHICL	(,-	COND	101, Additional Remarks Ocheda	ie, iliay b	e attached il mor	e space is requir	eu,	
	is certificate is issued on behalf of Mich								
	ertificate holder is Additional Insured as r the state association. Waiver of Subroga						ed activities		
of the state accordance. Warver of custogation applies when required by written contidet.									
CE	RTIFICATE HOLDER				CANO	CELLATION			
					 	NII D ANV 05 :		ESCRIBER ROLLOIES RE SAN	CELLED BEFORE
c	ity of Troy (Raintree Park)							ESCRIBED POLICIES BE CAN- EREOF, NOTICE WILL BE	
5	ity of Troy (Raintree Park) 00 West Big Beaver Road							Y PROVISIONS.	
	roy MI 48084								
I					LAUTHO	RIZED REPRESE	NTATIVE		

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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 fieu of such endorsement(s).				
PRODUCER USI Insurance Services NW	CONTACT NAME:			
601 Union Street, Suite 1000	PHONE (A/C, No, Ext): 206-441-6300 FAX (A/C, No):			
Seattle, WA 98101	E-MAIL ADDRESS:			
	INSURER(S) AFFORDING COVERAGE	NAIC#		
	INSURER A: Everest National Insurance Company	10120		
INSURED	INSURER B: QBE Insurance Corporation	39217		
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:			
Plymouth MI 48170	INSURER D:			
	INSURER E :			
	INSURER F:			
COVERAGES CERTIFICATE NUMBER: 63796276	REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA	VE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POL	ICY 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. POLICY EFF POLICY EXP (MM/DD/YYYY) ADDL SUBR **TYPE OF INSURANCE** POLICY NUMBER LTR INSD WVD COMMERCIAL GENERAL LIABILITY Α SI8GL01851-211 9/1/2021 9/1/2022 EACH OCCURRENCE DAMAGE TO RENTED \$\$1,000,000 CLAIMS-MADE ✓ OCCUR \$\$300,000 PREMISES (Ea occurrence) MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$\$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$\$5,000,000 PRO-JECT POLICY LOC PRODUCTS - COMP/OP AGG \$\$1,000,000 \$\$1,000,000 OTHER: Participant Legal Liabi COMBINED SINGLE LIMIT (Ea accident) Α **AUTOMOBILE LIABILITY** SI8GL01851-211 9/1/2021 9/1/2022 \$\$1,000,000 ANY AUTO BODILY INJURY (Per person) SCHEDULED AUTOS NON-OWNED OWNED AUTOS ONLY HIRED **BODILY INJURY (Per accident)** \$ PROPERTY DAMAGE (Per accident) \$ AUTOS ONLY **AUTOS ONLY**

9/1/2021

9/1/2021

9/1/2022

9/1/2022

EACH OCCURRENCE

STATUTE

E.L. EACH ACCIDENT

E.L. DISEASE - EA EMPLOYEE

E.L. DISEASE - POLICY LIMIT

AGGREGATE

\$100,000

\$\$5,000,000

\$\$5,000,000

\$

\$

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

UBH000005

SI8EX01724-211

This certificate is issued on behalf of Michigan State Youth Soccer Association & Michigan Youth Soccer League 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 WAYNE PARKS AND REC DEPARTMENT 4635 HOWE RD. Wayne MI 48184	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 AUTHORIZED REPRESENTATIVE Gary Patterson

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UMBRELLA LIAB

AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED?

If yes, describe under DESCRIPTION OF OPERATIONS below

Participant Accident Medical

EXCESS LIAB

DED WORKERS COMPENSATION

(Mandatory in NH)

/ OCCUR

RETENTION \$

CLAIMS-MADE

N/A



DATE (MM/DD/YYYY)

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this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).					
PRODUCER USI Insurance Services NW	CONTACT NAME:				
601 Union Street, Suite 1000	PHONE (A/C, No, Ext): 206-441-6300 (A/C, No):				
Seattle, WA 98101	E-MAIL ADDRESS:				
	INSURER(S) AFFORDING COVERAGE	NAIC#			
	INSURER A: Everest National Insurance Company	10120			
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER B: QBE Insurance Corporation	39217			
	INSURER C:				
Plymouth MI 48170	INSURER D :				
,	INSURER E :				
	INSURER F:				
COVERAGES CERTIFICATE NUMBER: 63796277	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	N OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO V	WHICH THIS			
CEDTIFICATE MAY BE ISSUED OD MAY DEDTAIN THE INSUDANCE AFFOD	DED BY THE DOLLOIES DESCRIBED HEDEIN IS SLIB IECT TO ALL T	THE TEDMS			

EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. POLICY EFF POLICY EXP (MM/DD/YYYY) INSR LTR ADDL SUBR **TYPE OF INSURANCE** POLICY NUMBER INSD WVD COMMERCIAL GENERAL LIABILITY Α SI8GL01851-211 9/1/2021 9/1/2022 EACH OCCURRENCE DAMAGE TO RENTED \$\$1,000,000 CLAIMS-MADE ✓ OCCUR \$\$300,000 PREMISES (Ea occurrence) MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$\$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$\$5,000,000 PRO-JECT POLICY LOC PRODUCTS - COMP/OP AGG \$\$1,000,000 \$\$1,000,000 OTHER: Participant Legal Liabi COMBINED SINGLE LIMIT (Ea accident) Α **AUTOMOBILE LIABILITY** SI8GL01851-211 9/1/2021 9/1/2022 \$\$1,000,000 ANY AUTO BODILY INJURY (Per person) SCHEDULED AUTOS NON-OWNED OWNED AUTOS ONLY HIRED BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTOS ONLY **AUTOS ONLY** UMBRELLA LIAB SI8EX01724-211 9/1/2021 9/1/2022 / OCCUR EACH OCCURRENCE \$\$5,000,000 **EXCESS LIAB CLAIMS-MADE AGGREGATE** \$\$5,000,000 DED RETENTION \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? 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 UBH000005 9/1/2021 9/1/2022 Participant Accident Medical \$100,000

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

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CERTIFICATE HOLDER	CANCELLATION
CIVIC CENTER PARK (CLINTON TWP) 40700 ROMEO PLANK CLINTON TWP MI 48038	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 Gary Patterson
·	•



DATE (MM/DD/YYYY)

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such endorsement(s).							
CONTACT NAME:							
PHONE (A/C, No, Ext): 206-441-6300 FAX (A/C, No):							
E-MAIL ADDRESS:							
INSURER(S) AFFORDING COVERAGE	NAIC#						
INSURER A: Everest National Insurance Company	10120						
INSURER B: QBE Insurance Corporation 39							
INSURER C:							
INSURER D:							
INSURER E :							
INSURER F:							
REVISION NUMBER:							
AVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POL							
DED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL T							
E BEEN REDUCED BY PAID CLAIMS.							
	CONTACT NAME: PHONE (A/C, No, Ext): 206-441-6300 FAX (A/C, No): E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: Everest National Insurance Company INSURER B: QBE Insurance Corporation INSURER C: INSURER C: INSURER C: INSURER F: REVISION NUMBER: AVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO DEED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL TO						

INSR LTR TYPE OF INSURANCE INSD WVD POLICY NUMBER (MM/DD/YYYY) (MM/DD/YYYY) LIMITS **COMMERCIAL GENERAL LIABILITY** SI8GL01851-211 9/1/2021 9/1/2022 EACH OCCURRENCE DAMAGE TO RENTED \$\$1,000,000 CLAIMS-MADE ✓ OCCUR \$\$300,000 PREMISES (Ea occurrence) MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$\$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$\$5,000,000 PRO-JECT POLICY PRODUCTS - COMP/OP AGG \$\$1,000,000 \$\$1,000,000 OTHER: Participant Legal Liabi COMBINED SINGLE LIMIT (Ea accident) Α **AUTOMOBILE LIABILITY** SI8GL01851-211 9/1/2021 9/1/2022 \$\$1,000,000 ANY AUTO BODILY INJURY (Per person) OWNED AUTOS ONLY HIRED SCHEDULED AUTOS NON-OWNED BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTOS ONLY **AUTOS ONLY** UMBRELLA LIAB SI8EX01724-211 9/1/2021 9/1/2022 1 OCCUR EACH OCCURRENCE \$\$5,000,000 **EXCESS LIAB CLAIMS-MADE AGGREGATE** \$\$5,000,000 DED RETENTION \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? 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 UBH000005 9/1/2021 Participant Accident Medical 9/1/2022 \$100,000

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

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Clarkston Community Schools -Springfield Plains Flementary SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN	CERTIFICATE HOLDER	CANCELLATION
8650 Holcomb Rd	-Springfield Plains Elementary 8650 Holcomb Rd	
Clarkston MI 48348 AUTHORIZED REPRESENTATIVE	Ciarkston ivii 40040	AUTHORIZED REPRESENTATIVE
Gary D. Patterson		
Gary Patterson		Gary Patterson



DATE (MM/DD/YYYY)

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this certificate does not confer rights to the certificate holder in lieu of s	uch endorsement(s).							
PRODUCER USI Insurance Services NW	CONTACT NAME:							
601 Union Street, Suite 1000	PHONE (A/C, No, Ext): 206-441-6300 (A/C, No):							
Seattle, WA 98101	E-MAIL ADDRESS:							
	INSURER(S) AFFORDING COVERAGE	NAIC#						
	INSURER A: Everest National Insurance Company	10120						
INSURED	INSURER B: QBE Insurance Corporation							
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:							
Plymouth MI 48170	INSURER D:							
,	INSURER E :							
	INSURER F:							
COVERAGES CERTIFICATE NUMBER: 63796279	REVISION NUMBER:							
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA		-						
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORD	OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO NED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL T							

EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ADDL SUBR INSD WVD POLICY EFF POLICY EXP (MM/DD/YYYY) INSR LTR **TYPE OF INSURANCE** POLICY NUMBER **COMMERCIAL GENERAL LIABILITY** Α SI8GL01851-211 9/1/2021 9/1/2022 EACH OCCURRENCE DAMAGE TO RENTED \$\$1,000,000 CLAIMS-MADE ✓ OCCUR \$\$300,000 PREMISES (Ea occurrence) MED EXP (Any one person) \$ Excluded \$\$1,000,000 PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$\$5,000,000 PRO-JECT POLICY LOC PRODUCTS - COMP/OP AGG \$\$1,000,000 \$\$1,000,000 OTHER: Participant Legal Liabi COMBINED SINGLE LIMIT (Ea accident) Α **AUTOMOBILE LIABILITY** SI8GL01851-211 9/1/2021 9/1/2022 \$\$1,000,000 ANY AUTO BODILY INJURY (Per person) SCHEDULED AUTOS NON-OWNED OWNED AUTOS ONLY HIRED BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTOS ONLY **AUTOS ONLY** UMBRELLA LIAB SI8EX01724-211 9/1/2021 9/1/2022 / OCCUR EACH OCCURRENCE \$\$5,000,000 **EXCESS LIAB CLAIMS-MADE AGGREGATE** \$\$5,000,000 DED RETENTION \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? 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 UBH000005 9/1/2021 9/1/2022 Participant Accident Medical \$100,000

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

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CERTIFICATE HOLDER	CANCELLATION
Clarkston Community Schools 6093 Flemings Lake Road Clarkston MI 48346	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) 9/9/2021

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

	SUBROGATION IS WAIVED, subject to the terms and conditions of the		•	require an endorsement.	A statement on			
th	is certificate does not confer rights to the certificate holder in lieu of su		s).					
PROI	DUCER USI Insurance Services NW	CONTACT NAME:						
	601 Union Street, Suite 1000		206-441-6300	FAX (A/C, No):				
	Seattle, WA 98101	E-MAIL ADDRESS:						
		INS	SURER(S) AFFOR	RDING COVERAGE	NAIC#			
		INSURER A: Everest	National Insu	rance Company	10120			
INSU	·· ···	INSURER B: QBE In:	surance Corp	oration	39217			
IVI Q∠	lichigan State Youth Soccer Association 401 General Drive, Suite 120	INSURER C :						
	lymouth MI 48170	INSURER D :						
		INSURER E :						
		INSURER F:						
CO	VERAGES CERTIFICATE NUMBER: 63796280			REVISION NUMBER:				
	HIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAV							
	IDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION							
	ERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDI				ALL THE TERMS,			
	XCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE							
INSR LTR	TYPE OF INSURANCE ADDL SUBR INSD WVD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	· · · · · · · · · · · · · · · · · · ·			
Α	✓ COMMERCIAL GENERAL LIABILITY SI8GL01851-211	9/1/2021	9/1/2022		\$\$1,000,000			
				DAMAGE TO RENTED				

LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS		
Α	1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000	
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000	
								MED EXP (Any one person)	\$ Excluded	
								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			SI8GL01851-211	9/1/2021	9/1/2022	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			SI8EX01724-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,000,000	
	1	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$\$5,000,000	
		DED RETENTION \$							\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$	
	(Mar	datory in NH)						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
В	Par	icipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000		

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 & Michigan Youth Soccer League 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
Clarkston Middle School 6595 Middle Lake Road Clarkston MI 48346	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) 9/9/2021

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

						rms and conditions of th ificate holder in lieu of si				require an endorsement.	A sta	atement on
_		JSI Insurance			COIL	incate notaer in nea or st	CONTA		<i>)</i> •			
	6	01 Union Str	eet Suite 10	000			PHONE (A/C, No	,	200 444 0000	FAX		
	Š	Seattle, WA 98	8101				E-MAIL	o, Ext): 4	206-441-6300) (A/C, No):		
							E-MAIL ADDRESS:					
										RDING COVERAGE		NAIC #
										irance Company		10120
	JRED Nichigar	n State Youth	Soccer Asso	ocia:	tion		INSURE	RB: QBE Ins	surance Corp	oration		39217
9	401 Ge	eneral Drive,	Suite 120	Jula	lion		INSURE	RC:				
Plymouth MI 48170							INSURE	RD:				
							INSURE	RE:				
							INSURE	RF:				
_	VERAG					NUMBER: 63796281				REVISION NUMBER:		
										ED NAMED ABOVE FOR TH DOCUMENT WITH RESPEC		
										DOCUMENT WITH RESPEC D HEREIN IS SUBJECT TO		
E	XCLUSIO		TONS OF SUCH	POLI	CIEŚ.	LIMITS SHOWN MAY HAVE		REDUCED BY	PAID CLAIMS.			-,
INSR LTR		TYPE OF INSURA	ANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	;	
Α		MMERCIAL GENERA	AL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,00	00,000
		CLAIMS-MADE .	✓ OCCUR							DAMAGE TO RENTED	\$\$300	
										· · · · · · · · · · · · · · · · · · ·	\$ Exclu	ıded
										` ' ' '		00,000
	GEN'L AC	GGREGATE LIMIT AF	PPLIES PER:									00,000
		LICY PRO- JECT	LOC									00,000
		HER:										00,000
Α		BILE LIABILITY				SI8GL01851-211		9/1/2021	9/1/2022	COMPUTED ONIOLE LIMIT		00,000
	ANY AUTO									<u>Ψ1,00</u> \$	00,000	
		NED	SCHEDULED							` ' '	\$	
	, HIR	ED ,	AUTOS NON-OWNED							PROPERTY DAMAGE	\$ \$	
	AU1	FOS ONLY	AUTOS ONLY							(Per accident)	\$	
	LIMI	BRELLA LIAB	✓ OCCUR			SI8EX01724-211		9/1/2021	9/1/2022			20.000
		CESS LIAB				OIOEXOT721211		0,1,2021	0/1/2022		· ,	00,000
			CLAIMS-MADE								. ,	00,000
	WORKER	RETENTION	N \$								\$	
	AND EMP	LOYERS' LIABILITY								· · · · · ·		
	OFFICER/	PRIETOR/PARTNER/E /MEMBEREXCLUDED		N/A							\$	
	(Mandato	scribe under								E.L. DISEASE - EA EMPLOYEE		
В	DÉSCRIP	TION OF OPERATION ant Accident Me				UBH000005		9/1/2021	9/1/2022	E.L. DISEASE - POLICY LIMIT : \$100,000	\$	
	rarticipa	ant Accident Me	uicai			OBH000003		9/1/2021	9/1/2022	\$100,000		
<u> </u>												
DES	CRIPTION	OF OPERATIONS / Lo	OCATIONS / VEHICL	ES (A	ACORD	101, Additional Remarks Schedu	le, may b	e attached if more	e space is requir	ed)		
Th	is certific	ate is issued on	behalf of Michi	igan	State	Youth Soccer Association	& Michi	igan Youth So	ccer League			
Ce	ertificate I	holder is Addition	nal Insured as re	espe	cts th	e operations of the Named es when required by writter	Insure	d for sanction	ed activities			
01	ine state	association. Wa	aiver of Subroga	ation	арріі	es when required by whiter	1 CONTR	acı.				
CE	RTIFICA	TE HOLDER					CANO	CELLATION				
۱ ر	larketo	n Township								ESCRIBED POLICIES BE CA		
9	0 North	n Main Street								EREOF, NOTICE WILL BI BY PROVISIONS.	E DEL	IVEKED IN
		n MI 48347										
l							AUTHO	RIZED REPRESE	NTATIVE			

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Gary D. Putterson



DATE (MM/DD/YYYY) 9/9/2021

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		BROGATION IS WAIVED, subject ertificate does not confer rights t							require an endorsement.	A st	atement on
_		R USI Insurance Services N		0010	inoute notaer in nea or or	CONTA		,, <u>,</u>			
		601 Union Street, Suite 10				NAME: PHONE		206-441-6300	FAX		
		Seattle, WA 98101				(A/C, No, Ext): 206-441-6300 (A/C, No): E-MAIL ADDRESS:					
						ADDRE		CUDED(S) AEEO	RDING COVERAGE		NAIC#
						INCLIDE			urance Company		10120
INSU	JRED							surance Corp			39217
ΙN	1ichi	igan State Youth Soccer Asse	ociat	ion				surance corp	Oration		39217
일	401	General Drive, Suite 120				INSURE					
	iym	outh MI 48170				INSURE					
						INSURE					
	VER	AGES CER	TIFIC	`ATE	NUMBER: 63796282	INSURE	KF:		REVISION NUMBER:		
		S TO CERTIFY THAT THE POLICIES				/F BFF	N ISSUED TO) THE INSURE		IF POI	ICY PERIOD
١١	NDICA	ATED. NOTWITHSTANDING ANY RE	QUIR	EME	NT, TERM OR CONDITION	OF AN'	Y CONTRACT	OR OTHER	DOCUMENT WITH RESPEC	T TO	WHICH THIS
		FICATE MAY BE ISSUED OR MAY JSIONS AND CONDITIONS OF SUCH								ALL 1	HE TERMS,
INSR	T		ADDL	SUBR		DLLINI	POLICY EFF	POLICY EXP			
LTR A		TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER SI8GL01851-211		(MM/DD/YYYY) 9/1/2021	(MM/DD/YYYY) 9/1/2022	LIMITS		20.000
^	/				GIGGEO 1001-211		0/ 1/202 I	01112022	DAMAGE TO RENTED	\$\$1,00	,
		CLAIMS-MADE ✓ OCCUR								\$\$300	,
										\$ Exclu	
										\$\$1,00	
	GEN	N'L AGGREGATE LIMIT APPLIES PER:								\$\$5,00	
		POLICY JECT LOC								\$\$1,00	
A	A117	OTHER: OMOBILE LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	COMPINED CINICI E LIMIT	\$\$1,00	-
^	AUI	ANY AUTO			310GL01031-211		9/1/2021	9/1/2022	(======================================	\$\$1,00	00,000
		OWNED SCHEDULED							` ' '	\$ \$	
		AUTOS ONLY AUTOS NON-OWNED							DDODEDTY/DAMAGE	\$ \$	
	/	AUTOS ONLY AUTOS ONLY							(Per accident)		
		IMPRELLATION			SI8EX01724-211		9/1/2021	9/1/2022		\$	
	/	UMBRELLA LIAB ✓ OCCUR EXCESS LIAB CLAIMS MADE			310EAU1/24-211		9/1/2021	9/1/2022		\$\$5,00	,
	-	CLAIWS-WADE								\$ \$5,00	00,000
	WOE	DED RETENTION \$ RKERS COMPENSATION								\$	
	AND	EMPLOYERS' LIABILITY Y / N							PER OTH- STATUTE ER		
	OFF	PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	N/A							\$	
	If ves	ndatory in NH) s, describe under							E.L. DISEASE - EA EMPLOYEE		
В	_	CRIPTION OF OPERATIONS below ticipant Accident Medical			UBH000005		9/1/2021	9/1/2022	E.L. DISEASE - POLICY LIMIT \$100,000	\$	
	ı aı	licipant Accident Medical			ODI 1000003		3/1/2021	3/1/2022	\$100,000		
DE6	CDIDT	TION OF OPERATIONS / LOCATIONS / VEHIC	LEC /A	CODE	A04 Additional Damanta Cabadu				- d\		
DES	CKIPI	TION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORL	101, Additional Remarks Schedu	ie, may b	e attached if mor	re space is requir	ea)		
		rtificate is issued on behalf of Mich									
l of	the s	ate holder is Additional Insured as rate association. Waiver of Subrog	espec ation a	cts tri appli	e operations of the Named es when required by writter	ınsure ontra	a for sanctior act.	ied activities			
				- -	· · · · · · · · · · · · · · · · · ·						
<u>_</u>						•					
CE	KTIF	FICATE HOLDER				CANC	ELLATION				
						SHO	ULD ANY OF	THE ABOVE D	ESCRIBED POLICIES BE CA	NCELI	ED BEFORE
Ιŏ	law	son Clty Park North Cluster Avenue				THE	EXPIRATIO	N DATE TH	EREOF, NOTICE WILL B		
5	၁၁ i law	son MI 48017				ACCORDANCE WITH THE POLICY PROVISIONS.					

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Gary D. Putterson

AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY) 9/9/2021

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	SUBROGATION IS WAIVED, subject is certificate does not confer rights to							equire an endorsement.	A sta	atement on
PRO	DUCER USI Insurance Services NV	N			CONTAC NAME:	СТ				
	601 Union Street, Suite 10				PHONE (A/C, No	. Evt): 2	206-441-6300	FAX (A/C, No):		
	Seattle, WA 98101				E-MAIL ADDRES	9, <u>Lai).</u> 89.	.00 111 0000	(A/O, NO).		
					ADDILL		LIRER(S) AFFOR	DING COVERAGE		NAIC#
					INSLIDE		. ,	rance Company		10120
INSU	RED					RB: QBE Ins				39217
M	lichigan State Youth Soccer Asso	ciat	ion				urance corp	Diation		33217
94	401 General Drive, Suite 120				INSURE					
P	lymouth MI 48170				INSURE					
					INSURE					
	VERAGES CER	TIEIC	`ATE	NUMBER: 63796283	INSURE	KF:		REVISION NUMBER:		
	HIS IS TO CERTIFY THAT THE POLICIES				/F RFF	N ISSUED TO			= P∩LI	CY PERIOD
IN CI E)	IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY F XCLUSIONS AND CONDITIONS OF SUCH F	QUIR PERT. POLIC	EME! AIN, ' CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN'	Y CONTRACT THE POLICIES REDUCED BY F	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPECT	г то и	VHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
Α	✓ COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022		\$1,00	0,000
	CLAIMS-MADE ✓ OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$	\$300,	000
								MED EXP (Any one person) \$	Exclu	ded
								PERSONAL & ADV INJURY \$	\$1,00	0,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$	\$5,00	0,000
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG \$	\$1,00	0,000
	OTHER:							Participant Legal Liabi \$	\$1.00	0.000
Α	AUTOMOBILE LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	COMPINED SINGLE LIMIT	\$1.00	0.000
	ANY AUTO							BODILY INJURY (Per person) \$	3	,
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per accident) \$	3	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident) \$	6	
	AUTOS ONET							\$	3	
	UMBRELLA LIAB / OCCUR			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURRENCE \$	\$5,00	0.000
	✓ EXCESS LIAB CLAIMS-MADE								\$5,00	,
	DED RETENTION \$							\$. ,	,
	WORKERS COMPENSATION							PER OTH- STATUTE ER		
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT \$	3	
	OFFICER/MEMBEREXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE \$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$		
В	Participant Accident Medical			UBH000005		9/1/2021	9/1/2022	\$100,000		
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORD	101, Additional Remarks Schedu	le, may be	attached if more	space is require	ed)		
Ce	is certificate is issued on behalf of Michi rtificate holder is Additional Insured as re the state association. Waiver of Subroga	espec	cts the	e operations of the Named	Insure	d for sanction				
CE	PTIEICATE UOI DEP				CANO	ELLATION				
UEI	RTIFICATE HOLDER				CANC	ELLATION				
C 10 C	lawson High School 01 John M Avenue lawson MI 48017				THE	EXPIRATION	DATE THE	ESCRIBED POLICIES BE CAN REOF, NOTICE WILL BE Y PROVISIONS.		
					AUTHO	RIZED REPRESEI	NTATIVE			

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Gary D. Putterson



DATE (MM/DD/YYYY) 9/9/2021

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		BROGATION IS WAIVED, subject ertificate does not confer rights t							require an endorsement.	A st	atement on
_		R USI Insurance Services N		0010	inoute notaer in nea or or	CONTA		,, <u>,</u>			
		601 Union Street, Suite 10				NAME: PHONE		206-441-6300	FAX		
		Seattle, WA 98101				(A/C, No, Ext): 206-441-6300 (A/C, No): E-MAIL ADDRESS:					
						ADDRE		CUDED(S) AEEO	RDING COVERAGE		NAIC#
						INCLIDE			urance Company		10120
INSU	JRED							surance Corp			39217
ΙN	1ichi	igan State Youth Soccer Asse	ociat	ion				surance corp	Oration		39217
일	401	General Drive, Suite 120				INSURE					
	iym	outh MI 48170				INSURE					
						INSURE					
	VER	AGES CER	TIFIC	: ATF	NUMBER: 63796284	INSURE	KF:		REVISION NUMBER:		
		S TO CERTIFY THAT THE POLICIES				/E BEE	N ISSUED TO	THE INSURE		IE POL	ICY PERIOD
١١	NDICA	ATED. NOTWITHSTANDING ANY RE	QUIR	REME	NT, TERM OR CONDITION	OF AN'	Y CONTRACT	OR OTHER	DOCUMENT WITH RESPEC	T TO	WHICH THIS
		FICATE MAY BE ISSUED OR MAY JSIONS AND CONDITIONS OF SUCH								ALL 1	HE TERMS,
INSR	T	TYPE OF INSURANCE	ADDL	SUBR		DELIVI	POLICY EFF	POLICY EXP	LIMITS	,	
LTR A	,	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER SI8GL01851-211		(MM/DD/YYYY) 9/1/2021	(MM/DD/YYYY) 9/1/2022			0000
 	_				ClodE01001 Z11		0/1/2021	O/ I/LOLL	DAMAGE TO RENTED	\$\$1,00	,
	\vdash	CLAIMS-MADE OCCUR								\$ \$300	,
										\$ Exclu	
	051									\$\$1,00	
	GEN	N'L AGGREGATE LIMIT APPLIES PER:								\$\$5,00	
		POLICY JECT LOC								\$\$1,00	
A	ALIT	OTHER: OMOBILE LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	COMBINED SINGLE LIMIT	\$\$1,00	-
^	701	ANY AUTO			GIOGLO1031 Z11		3/1/2021	3/1/2022	(======================================	\$\$1,00 \$	00,000
		OWNED SCHEDULED							` ' '	\$	
	_	AUTOS ONLY AUTOS NON-OWNED							DDODEDTY DAMAGE	\$ \$	
		AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
		UMBRELLA LIAB / OCCUP			SI8EX01724-211		9/1/2021	9/1/2022			20.000
	/	-VOTOO			GIOLXO1724 Z11		3/1/2021	JI II ZOZZ		\$\$5,00	,
		CLAIWS-WADE								\$ \$5,00	00,000
	WOF	DED RETENTION \$ RKERS COMPENSATION							PER OTH- STATUTE ER	\$	
	AND	EMPLOYERS' LIABILITY Y / N									
	OFF	PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBEREXCLUDED?	N/A							\$	
	If ves	ndatory in NH) s, describe under							E.L. DISEASE - EA EMPLOYEE		
В	_	CRIPTION OF OPERATIONS below ticipant Accident Medical			UBH000005		9/1/2021	9/1/2022	E.L. DISEASE - POLICY LIMIT \$100,000	\$	
		Monpaint / Moderne Moderne			0211000000		0/1/2021	0/1/2022	4100,000		
DES	CRIPT	TION OF OPERATIONS / LOCATIONS / VEHIC	IFS (A	CORE	101 Additional Remarks Schedu	le may h	a attached if mor	re enace is requir	ed)		
"	OIXII 1	TON OF OF ENAMENON PERSONS A VEHICLE	LLO (A	.OOKE	7 101, Additional Remarks Schedu	ie, iliay b	e attached il moi	e space is requir	euj		
		rtificate is issued on behalf of Mich ate holder is Additional Insured as r									
of	the s	state association. Waiver of Subrog	ation a	appli	es when required by writter	n contra	u ioi sarictioi ict.	ieu activities			
		_									
<u></u>	DTIT	CICATE LIOL DED				C 4 N 2	TILLATION				
<u>CE</u>	KIII	FICATE HOLDER				CANC	ELLATION				
_						SHO	ULD ANY OF	THE ABOVE D	ESCRIBED POLICIES BE CA	NCELL	ED BEFORE
		son Middle School John M				THE	EXPIRATION	N DATE TH	EREOF, NOTICE WILL B		-
		son MI 48017				ACCORDANCE WITH THE POLICY PROVISIONS.					

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Gary D. Putterson

AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY) 9/9/2021

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.											
	SUBROGATION IS WAIVED, subject							equire an endorseme	nt. Ast	atement on		
	is certificate does not confer rights to		certi	ificate holder in lieu of su	CONTAC).					
PROI	DUCER USI Insurance Services N	N			NAME:			FAX				
	601 Union Street, Suite 10	00			PHONE (A/C, No	o, Ext): 2	206-441-6300	(A/C, No	:			
	Seattle, WA 98101				E-MAIL ADDRES	SS:						
						INS	URER(S) AFFOR	DING COVERAGE		NAIC#		
						RA: Everest	National Insu	rance Company		10120		
INSU	· 				INSURE	кв: QBE Ins	surance Corpo	oration		39217		
IVI Q	ichigan State Youth Soccer Asso 101 General Drive, Suite 120	ociai	ion		INSURE	RC:						
P	ymouth MI 48170		INSURE	RD:								
	,				INSURER E :							
					INSURE	RF:						
COVERAGES CERTIFICATE NUMBER: 63796285 REVISION NUMBER:												
	IIS IS TO CERTIFY THAT THE POLICIES											
	DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY F											
	CLUSIONS AND CONDITIONS OF SUCH I							TIEREN 10 COBOLOT	, O , LLL	THE PERMIO,		
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIM	ITS			
Α	✓ COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1.00	00.000		
	CLAIMS-MADE ✓ OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300	.000		
								MED EXP (Any one person)	\$ Excl	ıded		
								PERSONAL & ADV INJURY	\$\$1,00	00,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$\$5,00	00,000		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$\$1,00	00,000		
	OTHER:							Participant Legal Liabi	\$\$1,00			
Α	AUTOMOBILE LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,00			

UMBRELLA LIAB SI8EX01724-211 9/1/2021 9/1/2022 / OCCUR EACH OCCURRENCE \$\$5,000,000 **EXCESS LIAB** CLAIMS-MADE AGGREGATE \$\$5,000,000 DED RETENTION \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY

9/1/2021

9/1/2022

ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below

N/A

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

UBH000005

This certificate is issued on behalf of Michigan State Youth Soccer Association & Michigan Youth Soccer League 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
Clawson Stadium Field City of Clawson 650 W Elmwood	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Clawson MI 48017	AUTHORIZED REPRESENTATIVE
	Gary D. Patterson
	Gary Patterson

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BODILY INJURY (Per person)

BODILY INJURY (Per accident)

PROPERTY DAMAGE (Per accident)

E.L. EACH ACCIDENT

\$100,000

E.L. DISEASE - EA EMPLOYEE

E.L. DISEASE - POLICY LIMIT

\$

\$

\$

\$

ANY AUTO

AUTOS ONLY

Participant Accident Medical

OWNED AUTOS ONLY HIRED SCHEDULED AUTOS NON-OWNED

AUTOS ONLY



DATE (MM/DD/YYYY) 9/9/2021

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.

	SUBROGATION IS WAIVED, subject is certificate does not confer rights to							require an endorsement.	A sta	atement on
	DUCER USI Insurance Services N		Cert	incate noider in nea or st	CONTA) •			
	601 Union Street, Suite 10	00			NAME: PHONE (A/C, No		000 444 0000	FAX		
	Seattle, WA 98101	•			E-MAIL ADDRES	o, Ext): 2	<u>206-441-6300</u>	(A/C, No):		
	·				ADDRE					
							• •	DING COVERAGE		NAIC #
								rance Company		10120
INSU	^{кер} lichigan State Youth Soccer Asso	ociat	tion		INSURE	RВ: QBE Ins	urance Corp	oration		39217
94	401 General Drive, Suite 120	Julai	liOII		INSURE	RC:				
P	lymouth MI 48170				INSURE	RD:				
					INSURE	RE:				
					INSURE	RF:				
CO	VERAGES CER	TIFIC	CATE	NUMBER: 63796286				REVISION NUMBER:		
IN CI EX	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY INCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT POLIC	REMEI AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF ANY	Y CONTRACT THE POLICIES REDUCED BY F	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPEC	T TO \	WHICH THIS
INSR LTR	TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	3	
Α	✓ COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,00	00,000
	CLAIMS-MADE ✓ OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300	,000
								MED EXP (Any one person)	\$ Exclu	ıded
								PERSONAL & ADV INJURY	\$\$1,00	00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$\$5,00	00,000
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$\$1,00	00,000
	OTHER:							Participant Legal Liabi	\$\$1,00	00,000
Α	AUTOMOBILE LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	COMPINED ONIOLE LIMIT	\$\$1,00	00.000
	ANY AUTO							I	\$,
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
	AUTOS ONET								\$	
	UMBRELLA LIAB ✓ OCCUR			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,00	00 000
	✓ EXCESS LIAB CLAIMS-MADE								\$\$5,00	· ·
	DED RETENTION \$								\$,0,000
	WORKERS COMPENSATION							PER OTH- STATUTE ER	*	
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE Y / N								\$	
	OFFICER/MEMBEREXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE		
	If yes, describe under DESCRIPTION OF OPERATIONS below								\$ \$	
В	Participant Accident Medical			UBH000005		9/1/2021	9/1/2022	\$100,000	Ψ	
	·									
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORD	101, Additional Remarks Schedul	le, may be	attached if more	space is require	ed)		
This certificate is issued on behalf of Michigan State Youth Soccer Association & Certificate holder is Additional Insured as respects the operations of the Named I of the state association. Waiver of Subrogation applies when required by written						d for sanction				
<u> </u>	OTIEICATE HOLDED				CANC	SELLATION				
CEI	RTIFICATE HOLDER				CANC	ELLATION				
19	linton Township Parks Rec 9000 Clinton River Road linton Township MI 48038				THE	EXPIRATION	DATE THE	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL B Y PROVISIONS.		
	•				AUTHORIZED REPRESENTATIVE					

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Gary D. Putterson



DATE (MM/DD/YYYY)

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this certificate does not confer rig	gnts to the certificate holder in lieu of s	ucn enaorseme	nt(s).			
PRODUCER USI Insurance Service	es NW	CONTACT NAME:				
601 Union Street, Sui	te 1000	PHONE (A/C, No, Ext):	206-441-6300	FAX (A/C, No):		
Seattle, WA 98101		E-MAIL ADDRESS:				
			INSURER(S) AFFORDING COV	/ERAGE	NAIC#	
		INSURER A : Eve	rest National Insurance C	ompany	10120	
INSURED	Accession	INSURER B: QBE Insurance Corporation 39217				
Michigan State Youth Soccer 9401 General Drive, Suite 12	Association 20	INSURER C :				
Plymouth MI 48170	.0	INSURER D :				
•		INSURER E :				
		INSURER F:				
COVERAGES	CERTIFICATE NUMBER: 63796287		REVISION	ON NUMBER:		
THE IS TO SERTIFY THAT THE BOL	LOISO OF MOUBANOS LIGISED BELOW HA	VE BEEN LOOLIE	TO THE INCHES NAME	D 400) (E E00 THE DO	LIOY DEDICE	

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	SR POLICY EFF POLICY EXP							
LTR	TYPE OF INSURANCE	INSD \	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
Α	CLAIMS-MADE OCCUR			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,000,000 \$\$300.000
							MED EXP (Any one person)	\$ Excluded
							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			SI8GL01851-211	9/1/2021	9/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
	ANY AUTO						BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	✓ HIRED AUTOS ONLY ✓ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB ✓ OCCUR			SI8EX01724-211	9/1/2021	9/1/2022	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 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	Participant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000	

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 & Michigan Youth Soccer League 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
Clinton Township Parks Rec (Civic Center Parks) 40700 Romeo Plank Road Clinton Township MI 48038	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
	Today i diloroon



DATE (MM/DD/YYYY)

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this certificate does not confer no	gnis to the certificate holder in fied of s	uch endorseme	ni(s).		
PRODUCER USI Insurance Servic	es NW	CONTACT NAME:			
601 Union Street, Sui	te 1000	PHONE (A/C, No, Ext):	206-441-6300	FAX (A/C, No):	
Seattle, WA 98101		E-MAIL ADDRESS:			
			INSURER(S) AFFORDING COV	/ERAGE	NAIC#
		INSURER A : Eve	ompany	10120	
INSURED CLARA VALUE CONTROL		INSURER B: QBI		39217	
Michigan State Youth Soccer 9401 General Drive, Suite 12	Association Po	INSURER C :			
Plymouth MI 48170	.0	INSURER D :			
		INSURER E :			
		INSURER F:			
COVERAGES	CERTIFICATE NUMBER: 63796288		REVISION	ON NUMBER:	
THE IS TO SEPTIE! THAT THE BO					

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		SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
							MED EXP (Any one person)	\$ Excluded
							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		SI8GL01851-211	9/1/2021	9/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
		ANY AUTO					BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	/	AUTOS ONLY NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
								\$
		UMBRELLA LIAB ✓ OCCUR		SI8EX01724-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,000,000
	1	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$\$5,000,000
		DED RETENTION \$						\$
		KERS COMPENSATION EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
		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	Part	icipant Accident Medical		UBH000005	9/1/2021	9/1/2022	\$100,000	

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

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CERTIFICATE HOLDER	CANCELLATION
Clintonwood Park- Independence Township Parks and Recreation 6000 Clarkston 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.
Clarkston MI 48348	AUTHORIZED REPRESENTATIVE ###################################



DATE (MM/DD/YYYY) 9/9/2021

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If	PORTANT: If the certificate holder i SUBROGATION IS WAIVED, subject is certificate does not confer rights to	to the	ter	ms and conditions of th	e polic	y, certain po	olicies may i	•		
	DUCER USI Insurance Services N	W			CONTA NAME:		<i>/-</i>			
	601 Union Street, Suite 10 Seattle, WA 98101	000			PHONE (A/C, No	o, Ext):	206-441-6300	FAX (A/C, No):		
	Seattle, WA 96101				E-MAIL ADDRE	SS:				
						INS	SURER(S) AFFOR	RDING COVERAGE		NAIC #
					INSURE	RA: Everest	National Insu	rance Company		10120
INSU		o oi o ti o			INSURE	RB: QBE Ins	surance Corp	oration		39217
	ichigan State Youth Soccer Asso 101 General Drive, Suite 120	ocialic	ווכ		INSURE	RC:				
ΡΙ	ymouth MI 48170				INSURE	RD:				
					INSURE	RE:				
					INSURE	RF:				
CO	/ERAGES CER	TIFICA	\TE	NUMBER: 63796289				REVISION NUMBER:		
IN CE	IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I ICLUSIONS AND CONDITIONS OF SUCH	QUIRE PERTAI	MEN IN, 7	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN' ED BY	Y CONTRACT THE POLICIE	OR OTHER I	DOCUMENT WITH RESPEC	CT TO V	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL SU		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	✓ COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,00	00,000
	CLAIMS-MADE ✓ OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300	,000
								MED EXP (Any one person)	\$ Exclu	ıded
								PERSONAL & ADV INJURY	\$\$1,00	00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$\$5,00	00,000
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$\$1,00	00,000
	OTHER:							Participant Legal Liabi	\$\$1,00	00,000
Α	AUTOMOBILE LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,00	00,000
	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)	\$	

WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? E.L. EACH ACCIDENT \$ N/A (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below

9/1/2021

9/1/2021

9/1/2022

9/1/2022

EACH OCCURRENCE

E.L. DISEASE - POLICY LIMIT

AGGREGATE

\$100,000

\$\$5,000,000

\$\$5,000,000

UBH000005

SI8EX01724-211

This certificate is issued on behalf of Michigan State Youth Soccer Association & Michigan Youth Soccer League 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.

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

CERTIFICATE HOLDER	CANCELLATION
Convenant Hills 10359 E Farrand Road Otisville MI 48463	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 ###################################

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CLAIMS-MADE

/ OCCUR

RETENTION \$

UMBRELLA LIAB

Participant Accident Medical

EXCESS LIAB

DED



DATE (MM/DD/YYYY) 9/9/2021

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

PRODUCTS USI Insurance Services NW 601 Union Street, Suite 1000 Seattle, WA 98101 **REAL PRODUCTS OF THE SUITE 1000 Seattle, WA 98101 **REAL PRODUCTS OF THE SUITE 1000 **REAL PRODUCTS OF T		SUBROGATION IS WAIVED, subject is certificate does not confer rights t							require an endorsement.	A sta	atement on
GOT Union Street, Suite 1000 Seattle, WA 98101 ##################################	_	<u> </u>				CONTAC		<i>/</i> -			
Seattle, WA 98101 Address		601 Union Street, Suite 10				PHONE	- Eve):	206-441-6300			
INSURER 2: Everest National Insurance Company 10120 MIGHigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth MI 48170 **MIRER 2: GPE Insurance Corporation** **REVISION NUMBER:** *		Seattle, WA 98101				F-MAII	,	-000 441 0000	(A/C, NO).		
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MINISTRE S. OBE Insurance Corporation 39217 MINISTRE S. OBERTS D.						INCLIDE					
Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth MI 48170 **Revision Number:** **Insurer:**	INSU	RED									
INSURER 1:	M	ichigan State Youth Soccer Asso	ociat	ion				surance Corp	oration		39217
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Gary D. Putterson

AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY)

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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 lieu of s	uch endorsement(s).					
PRODUCER USI Insurance Services NW	CONTACT NAME:					
601 Union Street, Suite 1000	PHONE (A/C, No, Ext): 206-441-6300 FAX (A/C, No):					
Seattle, WA 98101	E-MAIL ADDRESS:					
	INSURER(S) AFFORDING COVERAGE	NAIC#				
	INSURER A: Everest National Insurance Company	10120				
INSURED	INSURER B: QBE Insurance Corporation 39217					
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:					
Plymouth MI 48170	INSURER D:					
•	INSURER E :					
	INSURER F:					
COVERAGES CERTIFICATE NUMBER: 63796291	REVISION NUMBER:					
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA						
	OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO					
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EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. POLICY EFF POLICY EXP (MM/DD/YYYY) ADDL SUBR TYPE OF INSURANCE POLICY NUMBER LIMITS LTR INSD WVD **COMMERCIAL GENERAL LIABILITY** Α SI8GL01851-211 9/1/2021 9/1/2022 EACH OCCURRENCE DAMAGE TO RENTED \$\$1,000,000 CLAIMS-MADE ✓ OCCUR \$\$300,000 PREMISES (Ea occurrence) MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$\$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$\$5,000,000 PRO-JECT POLICY LOC PRODUCTS - COMP/OP AGG \$\$1,000,000 \$\$1,000,000 OTHER: Participant Legal Liabi COMBINED SINGLE LIMIT (Ea accident) Α **AUTOMOBILE LIABILITY** SI8GL01851-211 9/1/2021 9/1/2022 \$\$1,000,000 ANY AUTO BODILY INJURY (Per person) SCHEDULED AUTOS NON-OWNED OWNED AUTOS ONLY HIRED BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTOS ONLY **AUTOS ONLY** UMBRELLA LIAB SI8EX01724-211 9/1/2021 9/1/2022 / OCCUR EACH OCCURRENCE \$\$5,000,000 **EXCESS LIAB CLAIMS-MADE AGGREGATE** \$\$5,000,000 DED RETENTION \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? 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 UBH000005 9/1/2021 9/1/2022 Participant Accident Medical \$100,000

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 & Michigan Youth Soccer League 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 THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
AUTHORIZED REPRESENTATIVE
Gary D. Patterson
Gary Patterson
THE EXPIRATION DATE THEREOF ACCORDANCE WITH THE POLICY PRO AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY) 9/9/2021

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		601 Union Street, Suite 10				PHONE FAX						
		Seattle, WA 98101				F-MAII	,,-	200-441-0300	(A/C, No):			
						ADDRESS:						
						INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Everest National Insurance Company 10120						
INSI	JRED								• •		10120	
ΙM	lich	igan State Youth Soccer Asso	ociat	tion				surance Corp	oration		39217	
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	-	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)	\$\$300	,	
									MED EXP (Any one person)	\$ Exclu		
									PERSONAL & ADV INJURY	\$\$1,00		
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Gary D. Putterson

AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY) 9/9/2021

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_	DUCER USI Insurance Services N				CONTA NAME:		<i>y</i> -				
	601 Union Street, Suite 1	000					206-441-6300	FAX			
	Seattle, WA 98101				PHONE (A/C, No, Ext): 206-441-6300 FAX (A/C, No): E-MAIL ADDRESS:						
					ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC #						
			INSURE		• •	rance Company		10120			
INSU	RED						surance Corp			39217	
M	ichigan State Youth Soccer Ass	ocia	tion				<u> </u>	01411011		00217	
9,	101 General Drive, Suite 120 ymouth MI 48170				INSURER C:						
	ymouth wir 40170				INSURE						
					INSURE						
CO	/ERAGES CER	RTIFIC	CATE	E NUMBER: 63796293				REVISION NUMBER:			
	IIS IS TO CERTIFY THAT THE POLICIES	S OF	INSU	RANCE LISTED BELOW HAY							
CI EX	DICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY (CLUSIONS AND CONDITIONS OF SUCH	PERT POLI	AIN, CIES.	THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	ED BY	THE POLICIE REDUCED BY	S DESCRIBEI PAID CLAIMS	D HEREIN IS SUBJECT 1			
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	тѕ		
Α	✓ COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,0	00,000	
	CLAIMS-MADE ✓ OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300	,000	
								MED EXP (Any one person)	\$ Excl	uded	
								PERSONAL & ADV INJURY	\$\$1,0	00,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$\$5,0	00,000	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$\$1,0	00,000	
	OTHER:							Participant Legal Liabi	\$\$1,0	00,000	
Α	AUTOMOBILE LIABILITY	AUTOMOBILE LIABILITY SI8GL01851-211				9/1/2021	9/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,0	00,000	
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS AUTOS							BODILY INJURY (Per accident	\$		
	✓ HIRED AUTOS ONLY ✓ NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB / OCCUR			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,0	00,000	
	✓ EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$\$5,0	00,000	
	DED RETENTION \$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYE	\$		
	DÉSCRIPTION OF OPERATIONS below			LUBUIDADA		2///222/	2///2222	E.L. DISEASE - POLICY LIMIT	\$		
В	Participant Accident Medical			UBH000005		9/1/2021	9/1/2022	\$100,000			
DES	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	1 FS (/	CORE	2 101 Additional Pamarks Schadu	le may h	e attached if mor	e enace is requir	ed)			
DEG	MI HON OF OF ENAMONO, EGOATIONO, VEHIC	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	NO OINE	7 101, Additional Remarks Schedu	ic, illay b	e attached il moi	e space is requir	eu,			
	s certificate is issued on behalf of Micl rtificate holder is Additional Insured as										
of t	he state association. Waiver of Subrog	ation	appli	es when required by writter	n contra	act.	ica activitics				
CEI	RTIFICATE HOLDER				CANO	CELLATION					
Γ	ovinton Middle School							ESCRIBED POLICIES BE (-	
5	50 W. Merril							EREOF, NOTICE WILL BY PROVISIONS.	DE DE	LIVERED IN	
В	rmingham MI 48009										

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Gary D. Putterson

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 confer rights to the certificate holder in lieu of si	uch endorsement(s).						
PRODUCER USI Insurance Services NW	CONTACT NAME:						
601 Union Street, Suite 1000	PHONE (A/C, No, Ext): 206-441-6300 FAX (A/C, No):						
Seattle, WA 98101	E-MAIL ADDRESS:						
	INSURER(S) AFFORDING COVERAGE	NAIC#					
	INSURER A: Everest National Insurance Company	10120					
INSURED	INSURER B: QBE Insurance Corporation 39217						
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:						
Plymouth MI 48170	INSURER D:						
,	INSURER E :						
	INSURER F:						
COVERAGES CERTIFICATE NUMBER: 63796294	REVISION NUMBER:						
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA		-					
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORD							
EYCLUSIONS AND CONDITIONS OF SUCH POLICIES LIMITS SHOWN MAY HAVE							

INSR ADDLISUBRI POLICY EFF POLICY EXP									
	TYPE OF INSURANCE			POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	s	
1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000	
	CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000	
							MED EXP (Any one person)	\$ Excluded	
							PERSONAL & ADV INJURY	\$\$1,000,000	
GEN							GENERAL AGGREGATE	\$\$5,000,000	
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$\$1,000,000	
	OTHER:						Participant Legal Liabi	\$\$1,000,000	
AUT	OMOBILE LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000	
	ANY AUTO						BODILY INJURY (Per person)	\$	
							BODILY INJURY (Per accident)	\$	
/	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
								\$	
	UMBRELLA LIAB ✓ OCCUR			SI8EX01724-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,000,000	
1	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$\$5,000,000	
	DED RETENTION \$							\$	
	EMPLOYEDS! LIABILITY						PER OTH- STATUTE ER		
ANYF	PROPRIETOR/PARTNER/EXECUTIVE T N	N / A					E.L. EACH ACCIDENT	\$	
(Man	ndatory in NH)	117.2					E.L. DISEASE - EA EMPLOYEE	\$	
If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
Part	ticipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000		
	GEN WORAND OFFI (Mar If yee	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCY LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY UMBRELLA LIAB UMBRELLA LIAB CCUR CLAIMS-MADE	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- DIECT OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY UMBRELLA LIAB V OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	TYPE OF INSURANCE TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY CLAIMS-MADE CCAIMS-MADE CC	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY CLAIMS-MADE CCAIMS-MADE N/A WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE (Mandatory in NH) If yes, describe under CDESCRIPTION OF OPERATIONS below	TYPE OF INSURANCE TYPE OF INSURANCE ADDL SUBR INSUR WYD POLICY NUMBER POLICY NUMBER POLICY NUMBER POLICY SIBGLO1851-211 9/1/2021 GEN'L AGGREGATE LIMIT APPLIES PER: POLICY JECT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY AUTOS ONLY AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY UMBRELLA LIAB VOCCUR CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYER'S LIABILITY ANY ANY POPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	TYPE OF INSURANCE INSU WYD POLICY NUMBER (MM/DD/YYYY) POLICY EXP (MM/DD/YYYYY) POLICY EXP (MM/DD/YYYYY) POLICY EXP (MM/DD/YYYYY) POLICY EXP (MM/DD/YYYYY) POLICY EXP (MM/DD/YY	TYPE OF INSURANCE ADDI. SURP. POLICY EFF. (MM/DD/YYY) (MM/DD/YY) (MM/DD/YY) (MM/DD/YYY) (MM/DD/YY) (MM/	

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 & Michigan Youth Soccer League 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
CREASEY BICENTENNIAL PARK 1505 E GRAND BLANC ROAD GRAND BLANC MI 48439	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)

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this certificate does not confer rights to the certificate holder in lieu of	such endorsement(s).								
PRODUCER USI Insurance Services NW	CONTACT NAME:								
601 Union Street, Suite 1000	PHONE (A/C, No, Ext): 206-441-6300 FAX (A/C, No):								
Seattle, WA 98101	E-MAIL ADDRESS:								
	INSURER(S) AFFORDING COVERAGE	NAIC#							
	INSURER A: Everest National Insurance Company	10120							
INSURED	INSURER B: QBE Insurance Corporation 39217								
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:								
Plymouth MI 48170	INSURER D:								
•	INSURER E :								
	INSURER F:								
COVERAGES CERTIFICATE NUMBER: 63796295	REVISION NUMBER:								
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA		-							
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORI		-							

EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. POLICY EFF POLICY EXP (MM/DD/YYYY) ADDL SUBR TYPE OF INSURANCE POLICY NUMBER LTR INSD WVD **COMMERCIAL GENERAL LIABILITY** Α SI8GL01851-211 9/1/2021 9/1/2022 EACH OCCURRENCE DAMAGE TO RENTED \$\$1,000,000 CLAIMS-MADE ✓ OCCUR \$\$300,000 PREMISES (Ea occurrence) MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$\$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$\$5,000,000 PRO-JECT POLICY LOC PRODUCTS - COMP/OP AGG \$\$1,000,000 \$\$1,000,000 OTHER: Participant Legal Liabi COMBINED SINGLE LIMIT (Ea accident) Α **AUTOMOBILE LIABILITY** SI8GL01851-211 9/1/2021 9/1/2022 \$\$1,000,000 ANY AUTO BODILY INJURY (Per person) SCHEDULED AUTOS NON-OWNED OWNED AUTOS ONLY HIRED BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTOS ONLY **AUTOS ONLY** UMBRELLA LIAB SI8EX01724-211 9/1/2021 9/1/2022 / OCCUR EACH OCCURRENCE \$\$5,000,000 **EXCESS LIAB CLAIMS-MADE AGGREGATE** \$\$5,000,000 DED RETENTION \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? 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 UBH000005 9/1/2021 9/1/2022 Participant Accident Medical \$100,000

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

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CERTIFICATE HOLDER	CANCELLATION
CREASEY BICENTENNIAL PARK 1505 E. GRAND BLANC RD GRAND BLANC MI 48439	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) 9/9/2021

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	UBROGATION IS WAIVED, subject certificate does not confer rights t							require an endoi	rsement.	A sta	atement on
	ICER USI Insurance Services N		CONTA NAME:		<i>/</i> -						
	601 Union Street, Suite 10	000			PHONE (A/C, No	o, Ext):	206-441-6300		FAX (A/C, No):		
	Seattle, WA 98101				E-MAIL ADDRE	SS:					
						INS	SURER(S) AFFOR	RDING COVERAGE			NAIC#
					INSURE	RA: Everest	National Insu	rance Company			10120
INSUR		: _:			INSURE	RB: QBE Ins	surance Corp	oration			39217
IVIII Q4	chigan State Youth Soccer Ass D1 General Drive, Suite 120	ocia	tion		INSURE	RC:					
ΡΙ	mouth MI 48170				INSURER D:						
_					INSURER E:						
					INSURE	RF:					
cov	ERAGES CER	TIFIC	CATE	NUMBER: 63796296				REVISION NUM	IBER:		
IND CEI	S IS TO CERTIFY THAT THE POLICIES ICATED. NOTWITHSTANDING ANY RERTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN ED BY	Y CONTRACT THE POLICIE	OR OTHER I S DESCRIBEI	DOCUMENT WITH D HEREIN IS SUB	RESPEC	T TO V	WHICH THIS
INSR	TYPE OF INSURANCE	ADDL	SUBR		DLLIVI	POLICY EFF	POLICY EXP		LIMITS		
A A	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER SI8GL01851-211		9/1/2021	9/1/2022	FACU COCURRENCE			20.000
^` -	<u></u>			Ologeo 1001 ZTT		0,1,2021	0,1,2022	EACH OCCURRENCE DAMAGE TO RENTE	D	\$\$1,00	
	CLAIMS-MADE OCCUR							PREMISES (Ea occur	rrence)	\$\$300	,000

LIK		THEOFINOOIDANOL	INSD	WVD	POLICT NUMBER	(IVIIVI/DD/TTTT)	(IVIIVI/DD/TTTT)	LIMIT	<u> </u>
Α	/	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
								MED EXP (Any one person)	\$ Excluded
								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			SI8GL01851-211	9/1/2021	9/1/2022	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			SI8EX01724-211	9/1/2021	9/1/2022	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)	,					E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Par	ticipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000	

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 & Michigan Youth Soccer League 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.

ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE PIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ANCE WITH THE POLICY PROVISIONS.
REPRESENTATIVE GASH D. Pullusion
rson with the same of the same



DATE (MM/DD/YYYY) 9/9/2021

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	SUBROGATION IS WAIVED, subject is certificate does not confer rights to							require an endorsement.	A sta	atement on
	DUCER USI Insurance Services N		COIL	incate noider in nea or st	CONTACT NAME:					
	601 Union Street, Suite 10	00			PHONE (A/C, No		000 444 0000	FAX		
	Seattle, WA 98101				E-MAIL ADDRES	o, Ext):	<u>:06-441-6300</u>	(A/C, No):		
					ADDRE					
								DING COVERAGE		NAIC #
								rance Company		10120
INSU N/I	кер lichigan State Youth Soccer Asso	nciat	tion		INSURE	кв: QBE Ins	urance Corp	oration		39217
94	401 General Drive, Suite 120	Joiai			INSURE	RC:				
P	lymouth MI 48170				INSURE	RD:				
					INSURE	RE:				
					INSURE	RF:				
CO	VERAGES CER	TIFIC	CATE	NUMBER: 63796297				REVISION NUMBER:		
IN CE EX	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY INCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT POLIC	REMEI AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF ANY	Y CONTRACT THE POLICIES REDUCED BY F	OR OTHER IS DESCRIBED PAID CLAIMS.	DOCUMENT WITH RESPEC	T TO \	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3	
Α	✓ COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,00	00,000
	CLAIMS-MADE ✓ OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300	,000
								MED EXP (Any one person)	\$ Exclu	ıded
								PERSONAL & ADV INJURY	\$\$1,00	00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$\$5,00	00,000	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$\$1,00	00.000
	OTHER:								\$\$1,00	· ·
Α	AUTOMOBILE LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	COMPINED ONIOLE LIMIT	\$\$1,00	
	ANY AUTO							I	\$,0,000
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per accident)	\$	
	, HIRED , NON-OWNED							PROPERTY DAMAGE (Per accident)	\$	
	AUTOS ONLY AUTOS ONLY								\$	
	UMBRELLA LIAB ✓ OCCUR			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5.00	00 000
	EXCESS LIAB CLAIMS-MADE								\$\$5.00	
	DED RETENTION \$								\$ ψο,ος	00,000
	WORKERS COMPENSATION							PER OTH- STATUTE ER	Ψ	
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE Y / N								\$	
	OFFICER/MEMBEREXCLUDED?	N/A								
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE		
В	DÉSCRIPTION OF OPERATIONS below Participant Accident Medical			UBH000005		9/1/2021	9/1/2022	E.L. DISEASE - POLICY LIMIT \$100,000	\$	
	·									
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORD	101, Additional Remarks Schedu	le, may be	e attached if more	space is require	ed)		
This certificate is issued on behalf of Michigan State Youth Soccer Association & Michigan Youth Soccer League 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.										
CE1	RTIFICATE HOLDER				CANC	ELLATION				
CEI	TIII IOATE HULDER				CANC	LLLATION				
S	restview Park outhfield Road irmingham MI 48009				THE	EXPIRATION	DATE THE	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL B Y PROVISIONS.		
	-				AUTHORIZED REPRESENTATIVE					

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Gary D. Putterson



DATE (MM/DD/YYYY)

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th	nis certificate does not confer rights to the certificate holder in lieu of						
PROD	DUCER USI Insurance Services NW	CONTACT NAME:					
	601 Union Street, Suite 1000	NAME: PHONE (A/C. No. Ext): 206-441-6300 (A/C. No):					
	Seattle, WA 98101	E-MAIL ADDRESS:					
		INSURER(S) AFFORDING COVERAGE	NAIC#				
		INSURER A: Everest National Insurance Company	10120				
INSU		INSURER B: QBE Insurance Corporation	39217				
IVI Q∠	lichigan State Youth Soccer Association 401 General Drive, Suite 120	INSURER C:					
PI	lymouth MI 48170	INSURER D:					
	,	INSURER E :					
		INSURER F:					
CO	VERAGES CERTIFICATE NUMBER: 63796298	REVISION NUMBER:					
TH	HIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA	AVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLIC	CY PERIOD				
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS							
CE	ERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORI	RDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS,					
EΣ	XCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVI	E BEEN REDUCED BY PAID CLAIMS.					
INSR LTR	TYPE OF INSURANCE ADDL SUBR INSD WVD POLICY NUMBER	POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS					
Α	COMMERCIAL GENERAL LIABILITY SI8GL01851-211	9/1/2021 9/1/2022 EACH OCCURRENCE \$\$1,000	000				
	CLAIMS-MADE / OCCUR	DAMAGE TO RENTED PREMISES (Fa occurrence) \$\$300.0	,				

LTR	LTR TYPE OF INSURANCE		INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
Α	1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
								MED EXP (Any one person)	\$ Excluded
								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			SI8GL01851-211	9/1/2021	9/1/2022	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			SI8EX01724-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,000,000
	✓	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$\$5,000,000
		DED RETENTION \$							\$
		KERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE 7 / N	N/A					E.L. EACH ACCIDENT	\$
	(Mar	CER/MEMBEREXCLUDED?	II / A					E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Par	icipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000	

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 & Michigan Youth Soccer League 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
Crissman Elementary 53550 Wolf Drive Shelby Township MI 48316	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	AUTHORIZED REPRESENTATIVE 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

tilis certificate does not comer	rights to the certificate holder in field of s	uch endorseme	π(5).				
PRODUCER USI Insurance Serv	rices NW	CONTACT NAME:					
601 Union Street, S	Suite 1000	PHONE (A/C, No, Ext):	206-441-6300	FAX (A/C, No):			
Seattle, WA 98101		E-MAIL ADDRESS:					
			INSURER(S) AFFORDING COVERA	GE	NAIC#		
		INSURER A: Eve	10120				
INSURED	A	INSURER B: QBE Insurance Corporation 39					
Michigan State Youth Socc 9401 General Drive, Suite	er Association 120	INSURER C :					
Plymouth MI 48170	120	INSURER D:					
•		INSURER E :					
		INSURER F:					
COVERAGES	CERTIFICATE NUMBER: 63796299		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		SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
							MED EXP (Any one person)	\$ Excluded
							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	AU1	TOMOBILE LIABILITY		SI8GL01851-211	9/1/2021	9/1/2022	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		SI8EX01724-211	9/1/2021	9/1/2022	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)					E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
В	Par	ticipant Accident Medical		UBH000005	9/1/2021	9/1/2022	\$100,000	

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 & Michigan Youth Soccer League 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
CROSS OF GLORY LUTHERAN CHURCH 61095 CAMPGROUND ROAD WASHINGTON MI 48094	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) 9/9/2021

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						
th	is certificate does not confer rights to the certificate holder in lieu of su		nt(s).				
PROI	DUCER USI Insurance Services NW	CONTACT NAME:					
	601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-441	-6300	FAX (A/C, No):		
	Seattle, WA 98101	E-MAIL ADDRESS:					
			INSURER(S)	AFFORDING COV	ERAGE		NAIC#
		INSURER A : Eve	rest Nationa	al Insurance Co	ompany		10120
INSU	·· ···=	INSURER B: QB	E Insurance	Corporation			39217
IVI 9∠	lichigan State Youth Soccer Association 401 General Drive, Suite 120	INSURER C:					
	lymouth MI 48170	INSURER D:					
		INSURER E :					
		INSURER F:					
CO	VERAGES CERTIFICATE NUMBER: 63796300			REVISIO	ON NUMBER:		
	HIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAIDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION						
	ERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORD						
E	XCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE				VIO OODSEOT TO	ALL IIII	L ILIXIIO,
INSR LTR	TYPE OF INSURANCE ADDL SUBR POLICY NUMBER	POLICY (MM/DD/Y	FF POLICY (YY) (MM/DD/		LIMIT	s	
Α	✓ COMMERCIAL GENERAL LIABILITY SI8GL01851-211	9/1/202	1 9/1/20	22 EACH OC	CURRENCE	\$\$1,000,	,000
				DAMAGE	TO RENTED		

LIK		THEOFINOOIDANOL	INSD	WVD	POLICT NUMBER	(IVIIVI/DD/TTTT)	(IVIIVI/DD/TTTT)	EIIII I	<u> </u>
Α	/	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
								MED EXP (Any one person)	\$ Excluded
								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			SI8GL01851-211	9/1/2021	9/1/2022	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			SI8EX01724-211	9/1/2021	9/1/2022	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)						E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Par	ticipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000	

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

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CERTIFICATE HOLDER	CANCELLATION
CROSSWELL ELEMENTARY 175 CROSSWELL ST. ROMEO MI 48065	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) 9/9/2021

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

	SUBROGATION IS WAIVED, subject is certificate does not confer rights							require an endorsement	. A st	atement on	
PRO	DUCER USI Insurance Services N	W			CONTACT NAME:						
	601 Union Street, Suite 10				PHONE (A/C, No	Evt).	206-441-6300	-441-6300 FAX (A/C, No):			
	Seattle, WA 98101				E-MAIL ADDRESS:						
										NAIC#	
					INSURE	RA: Everest	National Insu	ırance Company		10120	
INSU					INSURE	кв: QBE In:	surance Corp	oration		39217	
M 9	ichigan State Youth Soccer Ass 101 General Drive, Suite 120	ocia	tion		INSURE	RC:					
P	ymouth MI 48170				INSURE	RD:					
	•				INSURE	RE:					
					INSURE	RF:					
				NUMBER: 63796301				REVISION NUMBER:			
IN CI EX	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RETIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT POLI	REME AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN'	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS	DOCUMENT WITH RESPECT TO HEREIN IS SUBJECT TO	CT TO V	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S		
Α	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE DAMAGE TO RENTED	\$\$1,00		
	CLAIMS-MADE ✓ OCCUR							PREMISES (Ea occurrence)	\$\$300	<i></i>	
								MED EXP (Any one person)	\$ Excluded		
								PERSONAL & ADV INJURY	\$\$1,000,000 \$\$5,000,000		
	POLICY PRO- JECT LOC							GENERAL AGGREGATE			
								PRODUCTS - COMP/OP AGG	\$\$1,00 \$\$1.00	,	
Α	OTHER: AUTOMOBILE LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	Participant Legal Liabi COMBINED SINGLE LIMIT	\$\$1,00 \$\$1.00	,	
, ,	ANY AUTO			0.00.20.00.2			02022	(Ea accident) BODILY INJURY (Per person)	\$	00,000	
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
	AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
	ACTOC CIVET							(i or decident)	\$		
	UMBRELLA LIAB ✓ OCCUR			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5.00	00,000	
	✓ EXCESS LIAB CLAIMS-MADE	:						AGGREGATE	\$\$5,00	00,000	
	DED RETENTION \$								\$		
	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								\$		
В	Participant Accident Medical			UBH000005		9/1/2021	9/1/2022	\$100,000			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedul	e, may be	attached if mor	re space is requir	ed)			
Ce	This certificate is issued on behalf of Michigan State Youth Soccer Association & Michigan Youth Soccer League 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.										
CEI	RTIFICATE HOLDER				CANC	ELLATION					
C 14	RYSTAL DIAMONDS 1713 33 MILE RD OMEO MI 48065				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						

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Gary D. Putterson

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 confer rights to the certificate holder in lieu of such endorsement(s).									
PRODUCER USI Insurance Services NW	CONTACT NAME:								
601 Union Street, Suite 1000	PHONE (A/C, No, Ext): 206-441-6300 (A/C, No):								
Seattle, WA 98101	E-MAIL ADDRESS:								
	INSURER(S) AFFORDING COVERAGE	NAIC#							
	INSURER A: Everest National Insurance Company	10120							
INSURED	INSURER B: QBE Insurance Corporation 39								
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:								
Plymouth MI 48170	INSURER D:								
•	INSURER E :								
	INSURER F:								
COVERAGES CERTIFICATE NUMBER: 63796302	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. POLICY EFF POLICY EXP (MM/DD/YYYY) INSR LTR ADDL SUBR TYPE OF INSURANCE POLICY NUMBER INSD WVD Α **COMMERCIAL GENERAL LIABILITY** SI8GL01851-211 9/1/2021 9/1/2022 EACH OCCURRENCE DAMAGE TO RENTED \$\$1,000,000 CLAIMS-MADE ✓ OCCUR \$\$300,000 PREMISES (Ea occurrence) MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$\$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$\$5,000,000 PRO-JECT POLICY LOC PRODUCTS - COMP/OP AGG \$\$1,000,000 \$\$1,000,000 OTHER: Participant Legal Liabi COMBINED SINGLE LIMIT (Ea accident) Α **AUTOMOBILE LIABILITY** SI8GL01851-211 9/1/2021 9/1/2022 \$\$1,000,000 ANY AUTO BODILY INJURY (Per person) SCHEDULED AUTOS NON-OWNED OWNED AUTOS ONLY HIRED **BODILY INJURY (Per accident)** \$ PROPERTY DAMAGE (Per accident) \$ AUTOS ONLY **AUTOS ONLY** UMBRELLA LIAB SI8EX01724-211 9/1/2021 9/1/2022 / OCCUR EACH OCCURRENCE \$\$5,000,000 **EXCESS LIAB CLAIMS-MADE AGGREGATE** \$\$5,000,000 DED RETENTION \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? 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 UBH000005 9/1/2021 Participant Accident Medical 9/1/2022 \$100,000

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 & Michigan Youth Soccer League 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
DAKOTA HIGH SCHOOL 21051 TWENTY ONE MILE ROAD MACOMB TOWNSHIP MI 48044	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 Fattorion



DATE (MM/DD/YYYY)

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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 lieu of such endorsement(s).									
PRODUCER USI Insurance Services NW	CONTACT NAME:								
601 Union Street, Suite 1000	PHONE (A/C, No, Ext): 206-441-6300 (A/C, No):								
Seattle, WA 98101	E-MAIL ADDRESS:								
	INSURER(S) AFFORDING COVERAGE	NAIC#							
	INSURER A: Everest National Insurance Company	10120							
INSURED A	INSURER B: QBE Insurance Corporation								
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:								
Plymouth MI 48170	INSURER D:								
,	INSURER E :								
	INSURER F:								
COVERAGES CERTIFICATE NUMBER: 63796303	REVISION NUMBER:								
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA	VE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POL	ICY PERIOD							
I 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. POLICY EFF POLICY EXP (MM/DD/YYYY) ADDL SUBR **TYPE OF INSURANCE** POLICY NUMBER LIMITS LTR INSD WVD **COMMERCIAL GENERAL LIABILITY** Α SI8GL01851-211 9/1/2021 9/1/2022 EACH OCCURRENCE DAMAGE TO RENTED \$\$1,000,000 CLAIMS-MADE ✓ OCCUR \$\$300,000 PREMISES (Ea occurrence) MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$\$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$\$5,000,000 PRO-JECT POLICY LOC PRODUCTS - COMP/OP AGG \$\$1,000,000 \$\$1,000,000 OTHER: Participant Legal Liabi COMBINED SINGLE LIMIT (Ea accident) Α **AUTOMOBILE LIABILITY** SI8GL01851-211 9/1/2021 9/1/2022 \$\$1,000,000 ANY AUTO BODILY INJURY (Per person) SCHEDULED AUTOS NON-OWNED OWNED AUTOS ONLY HIRED **BODILY INJURY (Per accident)** \$ PROPERTY DAMAGE (Per accident) \$ AUTOS ONLY **AUTOS ONLY** UMBRELLA LIAB SI8EX01724-211 9/1/2021 9/1/2022 / OCCUR EACH OCCURRENCE \$\$5,000,000 **EXCESS LIAB CLAIMS-MADE AGGREGATE** \$\$5,000,000 DED RETENTION \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? 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 UBH000005 9/1/2021 9/1/2022 Participant Accident Medical \$100,000

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 & Michigan Youth Soccer League 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
Davis Middle School 11311 Plumbrook Road STERLING HEIGHTS MI 48313	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
I	AUTHORIZED REPRESENTATIVE Gary Patterson
	•



DATE (MM/DD/YYYY)

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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 lieu of s						the policy, certain policies may require an endorsement. A statement on such endorsement(s).					
_	DUCER USI Insurance Services N				CONTACT NAME:						
	601 Union Street, Suite 10					HONE VC, No, Ext): 206-441-6300 FAX (A/C, No):					
	Seattle, WA 98101				E-MAIL ADDRE	0, EXI): 2	200 441 0000 (AIC, NO).				
					ADDRE		LIDER(S) AFFOR	RDING COVERAGE		NAIC#	
					INCLIDE			rance Company		10120	
INSL	RED					RB: QBE Ins		• •		39217	
	lichigan State Youth Soccer Asso	ocia	tion		INSURE		surance corp	oration		39217	
9	401 General Drive, Suite 120 lymouth MI 48170				INSURE						
「	iyinloutii Wii 46170				INSURE						
					INSURE						
്റ	VERAGES CER	TIFIC	CATE	NUMBER: 63796304	INSUKL	.KT.		REVISION NUMBER:			
	HIS IS TO CERTIFY THAT THE POLICIES				VE BEE	N ISSUED TO			POLI	CY PERIOD	
	DICATED. NOTWITHSTANDING ANY RE										
	ERTIFICATE MAY BE ISSUED OR MAY F XCLUSIONS AND CONDITIONS OF SUCH I								ALL I	HE TERMS,	
INSR		ADDL	SUBR		<i></i>	POLICY EFF	POLICY EXP	LIMITS			
LTR A	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER SI8GL01851-211		(MM/DD/YYYY) 9/1/2021	(MM/DD/YYYY) 9/1/2022		¢1 00	0,000	
``	CLAIMS-MADE / OCCUR							DAMAGE TO RENTED	\$300.	,	
	CLAIIVIO-IVIADE V OCCUR							(20 2000)	Exclu		
								. , , , , ,		0,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:									0,000	
	POLICY PRO- LOC							*	. ,	0,000	
	OTHER:									0.000	
A	AUTOMOBILE LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	COMBINED SINGLE LIMIT @		0.000	
``	ANY AUTO			0.00.20.00.2		0, .,_0	02022	(Ea accident) BODILY INJURY (Per person) \$, ,	0,000	
	OWNED SCHEDULED							BODILY INJURY (Per accident) \$			
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE (Per accident) \$			
	AUTOS ONLY AUTOS ONLY							(Per accident) \$			
	UMBRELLA LIAB / OCCUP			SI8EX01724-211		9/1/2021	9/1/2022			0.000	
	EXCESS LIAB OCCUR CLAIMS-MADE			0.02/.01/21211		0, .,_0	02022			0,000	
	CLAINS-INADL							AGGREGATE \$		0,000	
	DED RETENTION \$ WORKERS COMPENSATION							PER OTH-			
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE							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 \$			
В	Participant Accident Medical			UBH000005		9/1/2021	9/1/2022	\$100,000			
	·							,			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORD	101, Additional Remarks Schedu	le, may b	e attached if more	e space is requir	ed)			
l			. .								
	is certificate is issued on behalf of Michi rtificate holder is Additional Insured as re										
	the state association. Waiver of Subroga										
CF	RTIFICATE HOLDER				CANO	ELLATION					
<u> </u>					27.11						
_	avichura Elementery							ESCRIBED POLICIES BE CAN			
1	avisburg Elementary 2003 Davisburg Rd							EREOF, NOTICE WILL BE	DEL	IVERED IN	
Ιb	avisburg MI 48350				ACCORDANCE WITH THE POLICY PROVISIONS.						

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Gary D. Putterson

AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY) 9/9/2021

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

	SUBROGATION IS WAIVED, subject nis certificate does not confer rights to							require an endorsement	. A st	atement on	
	DUCER USI Insurance Services NV				CONTAC NAME:		<i>y</i> -				
	601 Union Street, Suite 10				PHONE	Evt):	206-441-6300	-6300 FAX (A/C, No):			
	Seattle, WA 98101				(A/C, No, Ext): 206-441-6300 (A/C, No): E-MAIL ADDRESS:						
					INSURER(S) AFFORDING COVERAGE					NAIC#	
					INSURE			rance Company		10120	
INSU	JRED						surance Corp			39217	
M	lichigan State Youth Soccer Asso	ciatio	on		INSURE		bararioo oorp	oration		00217	
9.	401 General Drive, Suite 120 lymouth MI 48170				INSURER D :						
'	Tymodii ivii 40170				INSURE						
					INSURE						
CO	VERAGES CERT	TIFIC	ATE	NUMBER: 63796305	INCORL			REVISION NUMBER:			
	HIS IS TO CERTIFY THAT THE POLICIES				/E BEE	N ISSUED TO	THE INSURE		IE POL	ICY PERIOD	
С	NDICATED. NOTWITHSTANDING ANY REI ERTIFICATE MAY BE ISSUED OR MAY F XCLUSIONS AND CONDITIONS OF SUCH F	PERTA	IN, T	THE INSURANCE AFFORDE	D BY	THE POLICIE	S DESCRIBEI	D HEREIN IS SUBJECT TO			
INSR LTR		ADDL S INSD V		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	S		
Α	✓ COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,00	00,000	
	CLAIMS-MADE ✓ OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300	,000	
								MED EXP (Any one person)	\$ Exclu	ıded	
								PERSONAL & ADV INJURY	\$\$1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$\$5,00	00,000	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$\$1,00	00,000	
	OTHER:							Participant Legal Liabi	\$\$1,00	00,000	
Α	AUTOMOBILE LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,00	00,000	
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS							, ,	\$		
	✓ HIRED AUTOS ONLY ✓ NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB ✓ OCCUR			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,00	00,000	
	✓ EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$\$5,00	00,000	
	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								\$		
В	Participant Accident Medical			UBH000005		9/1/2021	9/1/2022	\$100,000			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (AC	ORD	101, Additional Remarks Schedul	e, may be	attached if more	e space is requir	ed)			
	is certificate is issued on behalf of Michig										
	ertificate holder is Additional Insured as re the state association. Waiver of Subroga						ed activities				
01	the state appointment. Walver of Subroga	tion u	ppiic	whom required by written	Contid						
CE	RTIFICATE HOLDER				CANC	ELLATION					
D 4 N	Dean A Naldrett School 7800 Sugarbush Road Iew Baltimore MI 48047				THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL B Y PROVISIONS.			

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Gary D. Putterson

AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY) 9/9/2021

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	f SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on his certificate does not confer rights to the certificate holder in lieu of such endorsement(s).									
PRO	DUCER USI Insurance Services NV	N			CONTACT NAME:					
	601 Union Street, Suite 10				PHONE (A/C, No	. Evt): 2	206-441-6300) FAX (A/C, No):		
	Seattle, WA 98101				E-MAIL ADDRESS:					
										NAIC#
					INCLIDE		` '	rance Company		10120
INSU	RED					RB: QBE Ins		• •		39217
M	lichigan State Youth Soccer Asso	ciat	tion				urance corp	Diation		33217
9.	401 General Drive, Suite 120				INSURE					
P	lymouth MI 48170				INSURE					
					INSURE					
	VED 4 0 E 0	TIFIC	\ A T F	NUMBER, company	INSURE	RF:		DEVICION NUMBER.		
	VERAGES CERT HIS IS TO CERTIFY THAT THE POLICIES			NUMBER: 63796306	/C DCC	N ICCUED TO		REVISION NUMBER:	- DOLI	CV DEDIOD
IN CI EX	IDICATED. NOTWITHSTANDING ANY RE- ERTIFICATE MAY BE ISSUED OR MAY F XCLUSIONS AND CONDITIONS OF SUCH F	QUIR PERT POLIC	REME! AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN'	Y CONTRACT THE POLICIES REDUCED BY F	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPECT	T TO V	VHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
Α	✓ COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022		\$1,00	0,000
	CLAIMS-MADE ✓ OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$	\$300,	000
								MED EXP (Any one person) \$	Exclu	ded
								PERSONAL & ADV INJURY \$	\$\$1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$	\$5,00	0,000
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG \$	\$1.00	0.000
	OTHER:								\$1.00	-,
Α	AUTOMOBILE LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	COMPINED SINGLE LIMIT	\$1.00	-,
	ANY AUTO							BODILY INJURY (Per person) \$, ,	0,000
	OWNED SCHEDULED							BODILY INJURY (Per accident) \$		
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE	 S	
	AUTOS ONLY AUTOS ONLY							(Per accident)		
	UMBRELLA LIAB ✓ OCCUR			SI8EX01724-211		9/1/2021	9/1/2022		\$5,00	0.000
	EXCESS LIAB CLAIMS-MADE								\$5,00	,
	CLAIIVIS-IVIADE							AGGREGATE		0,000
	DED RETENTION \$ WORKERS COMPENSATION							PER OTH- STATUTE ER)	
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE									
	OFFICER/MEMBEREXCLUDED?	N/A						E.L. EACH ACCIDENT \$		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE \$		
В	Participant Accident Medical			UBH000005		9/1/2021	9/1/2022	E.L. DISEASE - POLICY LIMIT \$ \$100.000)	
								· · · · · · · · · · · · · · · · · · ·		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORD	101, Additional Remarks Schedu	le, may be	e attached if more	space is require	ed)		
This certificate is issued on behalf of Michigan State Youth Soccer Association & Michigan Certificate holder is Additional Insured as respects the operations of the Named Insured for of the state association. Waiver of Subrogation applies when required by written contract.										
CE	RTIFICATE HOLDER				CANC	ELLATION				
	ean A Naldrett School 7800 Sugarbush Road ew Baltimore MI 48047				THE	EXPIRATION	DATE THE	ESCRIBED POLICIES BE CAPEREOF, NOTICE WILL BE Y PROVISIONS.		
					AUTHORIZED REPRESENTATIVE					

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Gary D. Putterson



DATE (MM/DD/YYYY)

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II SUBROGATION IS WAIVED, Subject to the terms and conditions of		atement on
this certificate does not confer rights to the certificate holder in lieu of	\ /	
PRODUCER USI Insurance Services NW	CONTACT NAME:	
601 Union Street, Suite 1000	PHONE (A/C, No, Ext): 206-441-6300 FAX (A/C, No):	
Seattle, WA 98101	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC#
	INSURER A: Everest National Insurance Company	10120
INSURED	INSURER B: QBE Insurance Corporation	39217
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:	
Plymouth MI 48170	INSURER D:	
•	INSURER E :	
	INSURER F:	
COVERAGES CERTIFICATE NUMBER: 63796307	REVISION NUMBER:	
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW I	HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POL	ICY PERIOD
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION	ON OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO $ackslash$	WHICH THIS
CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFOR	RDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL T	HE TERMS,
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HA	VE BEEN REDUCED BY PAID CLAIMS.	
INSR LTR TYPE OF INSURANCE ADDL SUBR INSD WVD POLICY NUMBER	POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS	

INSR LTR		TYPE OF INSURANCE	ADDL S	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	/	COMMERCIAL GENERAL LIABILITY		SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
							MED EXP (Any one person)	\$ Excluded
							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		SI8GL01851-211	9/1/2021	9/1/2022	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		SI8EX01724-211	9/1/2021	9/1/2022	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	\$
	OFFICER/MEMBEREXCLUDED? (Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
В	B Participant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000	

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 & Michigan Youth Soccer League 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
Dean A Naldrett School Soccer Field 47800 Sugarbush Road New Baltimore MI 48047	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) 9/9/2021

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		BROGATION IS WAIVED, subject ertificate does not confer rights				the policy, certain policies may require an endorsement. A statement on such endorsement(s)						
_		R USI Insurance Services N		Cert	moute notaer in nea or s	CONTACT NAME:						
		601 Union Street, Suite 10	000			PHONE FAX						
		Seattle, WA 98101				E-MAIL	o, Ext): 4	206-441-6300) (A/C, No):			
						E-MAIL ADDRESS:						
											NAIC#	
									irance Company		10120	
	IRED Iichi	igan State Youth Soccer Ass	ocia	tion		INSURE	RB: QBE Ins	surance Corp	oration		39217	
9	401	General Drive, Suite 120	ooia			INSURE	RC:					
P	lym	outh MI 48170				INSURE	RD:					
						INSURE	RE:					
						INSURE	RF:					
_					NUMBER: 63796308				REVISION NUMBER:			
IN C	IDIC/ ERTI	S TO CERTIFY THAT THE POLICIES ATED. NOTWITHSTANDING ANY R FICATE MAY BE ISSUED OR MAY	EQUIF PERT	REME ΓΑΙΝ,	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN' ED BY	Y CONTRACT THE POLICIE	OR OTHER I S DESCRIBEI	DOCUMENT WITH RESPECT TO	CT TO \	WHICH THIS	
		JSIONS AND CONDITIONS OF SUCH	ADDL	SUBR		BEEN F	POLICY EFF	POLICY EXP		_		
INSR LTR	1 1	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT			
A	1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE DAMAGE TO RENTED	\$\$1,00	•	
		CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)	\$\$300	<i>'</i>	
									MED EXP (Any one person)	\$ Excluded		
									PERSONAL & ADV INJURY	\$\$1,000,000		
	GEN	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$\$5,00	00,000	
		POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$\$1,00	00,000	
		OTHER:							Participant Legal Liabi	\$\$1,00		
ΙA	AUT	OMOBILE LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,00	00,000	
		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			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,00	00,000	
	1	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$\$5,00)0,000	
		DED RETENTION \$								\$		
		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	Part	ticipant Accident Medical			UBH000005		9/1/2021	9/1/2022	\$100,000			
DES	CRIPT	TION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORD	101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requir	ed)			
l _{Th}	is ce	rtificate is issued on behalf of Mich	nigan	State	Youth Soccer Association	& Michi	gan Youth So	ccer League				
Ce	rtific	ate holder is Additional Insured as	respe	cts th	e operations of the Named	I Insure	ď for sanction	ed activities				
of	the s	state association. Waiver of Subrog	ation	appli	es when required by writter	n contra	ict.					
CE	RTIF	FICATE HOLDER				CANO	CELLATION					
_	parl	born High School							ESCRIBED POLICIES BE CA			
1	950	1 W. Outer Drive							EREOF, NOTICE WILL E BY PROVISIONS.	DE DEL	INEKED IN	
		born MI 48124					· = · • •					
1						AUTHORIZED REPRESENTATIVE						

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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).

	waived, subject to the terms all ot confer rights to the certificate		•		e an endorsement. A st	atement on
PRODUCER USI Insurar			CONTACT NAME:	(0).		
601 Union S	Street, Suite 1000		PHONE (A/C, No, Ext):	206-441-6300	FAX (A/C, No):	
Seattle, WA	. 98101		E-MAIL ADDRESS:			
				INSURER(S) AFFORDING C	OVERAGE	NAIC#
			INSURER A: Ever	est National Insurance	Company	10120
INSURED			INSURER B: QBE	Insurance Corporation	ı	39217
9401 General Drive	th Soccer Association		INSURER C:			
Plymouth MI 4817			INSURER D :			
•			INSURER E :			
			INSURER F:			
COVERAGES	CERTIFICATE NUM	IBER: 63796309		REVIS	SION NUMBER:	
	HAT THE POLICIES OF INSURANCE					
	STANDING ANY REQUIREMENT, TE ISSUED OR MAY PERTAIN, THE IN					
	DITIONS OF SUCH POLICIES. LIMITS	SHOWN MAY HAVE				
INSR TYPE OF INS	SURANCE ADDL SUBR	POLICY NUMBER	POLICY EI	FF POLICY EXP	LIMITS	

INSR LTR	SR TYPE OF INSURANCE		TYPE OF INSURANCE			SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	<	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000		
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000		
								MED EXP (Any one person)	\$ Excluded		
								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			SI8GL01851-211	9/1/2021	9/1/2022	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			SI8EX01724-211	9/1/2021	9/1/2022	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 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	Part	ticipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000			

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 & Michigan Youth Soccer League 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
Delia Park 3499 Eighteen Mile Road Sterling Heights MI 48314	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) 9/9/2021

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.

	SUBROGATION IS WAIVED, subject is certificate does not confer rights to							require an endo	orsement	i. A sta	atement on	
	DUCER USI Insurance Services N				CONTACT NAME:							
	601 Union Street, Suite 10				PHONE FAX							
	Seattle, WA 98101	.00			(A/C, No E-MAIL	o, Ext): 2	206-441-6300)	(A/C, No):			
						E-MAIL ADDRESS:						
						INSURER(S) AFFORDING COVERAGE NAIC #						
						RA: Everest	National Inst	urance Company			10120	
INSU	кер lichigan State Youth Soccer Asso	ociat	ion		INSURE	RB: QBE Ins	surance Corp	oration			39217	
	401 General Drive, Suite 120	Julai	.1011		INSURE	RC:						
	lymouth MI 48170				INSURE	RD:						
					INSURE	RE:						
					INSURE	RF:						
CO	VERAGES CER	TIFIC	ATE	NUMBER: 63796310				REVISION NUI	MBER:			
	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE											
	ERTIFICATE MAY BE ISSUED OR MAY								BJECT TO	O ALL T	THE TERMS,	
	XCLUSIONS AND CONDITIONS OF SUCH	ADDL			BEEN F	POLICY EFF	POLICY EXP					
INSR LTR		INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMIT	S		
Α	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENT DAMAGE TO RENT		\$\$1,00	00,000	
	CLAIMS-MADE / OCCUR							PREMISES (Ea occ	urrence)	\$\$300	,000	
								MED EXP (Any one	person)	\$ Exclu	uded	
								PERSONAL & ADV	INJURY	\$\$1,00	00,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:	APPLIES PER:						GENERAL AGGREG	GATE	\$\$5,00	00,000	
	POLICY PRO- JECT LOC	POLICY PRO- LOC						PRODUCTS - COM	P/OP AGG	\$\$1,00	00,000	
	OTHER:							Participant Lega	al Liabi	\$\$1,00	00,000	
Α	AUTOMOBILE LIABILITY			SI8GL01851-211	9/1/202	9/1/2021	9/1/2022	COMBINED SINGLE LIMIT (Ea accident) \$1,00		00,000		
	ANY AUTO							BODILY INJURY (P		\$		
	OWNED SCHEDULED AUTOS ONLY AUTOS							` /		\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	ЭE	\$		
	AUTOS ONET							(i ci dooldciit)		\$		
	UMBRELLA LIAB ✓ OCCUR			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURREN	CE	\$\$5.00	00,000	
	✓ EXCESS LIAB CLAIMS-MADE							AGGREGATE		. ,	00,000	
	DED RETENTION \$									\$,	
	WORKERS COMPENSATION							PER STATUTE	OTH- ER	Ψ		
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDE		\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA				
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POI		\$		
В	Participant Accident Medical			UBH000005		9/1/2021	9/1/2022	\$100,000	LIOI LIIVII I	Ψ		
								, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
DES	 CRIPTION OF OPERATIONS / LOCATIONS / VEHICI	FS (A	CORD	101. Additional Remarks Schedu	le, may b	attached if more	e snace is requir	red)				
		(,,		, io i, ria aliana in coma in como a a	.c,a, 2		o opaco io roquii	· · ·				
	is certificate is issued on behalf of Mich											
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.												
	3.		• •	. ,								
<u>_</u>												
CE	RTIFICATE HOLDER				CANC	ELLATION						
					SHO	III D ANV OF .	THE AROVE D	ESCRIBED POLIC	SIES BE C	ANCELL	ED REFORE	
ם ו	FLTA COLLEGE				500	CED VIAI OL		EDEAL NATICE		DE DEL		

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Gary D. Putterson

ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Gary Patterson

1961 DELTA RD

MIDLAND MI 48710



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.

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this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).									
PRODUCER USI Insurance Services NW	CONTACT NAME:								
601 Union Street, Suite 1000	PHONE (A/C, No, Ext): 206-441-6300 FAX (A/C, No):								
Seattle, WA 98101	E-MAIL ADDRESS:								
	INSURER(S) AFFORDING COVERAGE	NAIC#							
	INSURER A: Everest National Insurance Company	10120							
INSURED	INSURER B: QBE Insurance Corporation	39217							
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:								
Plymouth MI 48170	INSURER D :								
	INSURER E :								
	INSURER F:								
COVERAGES CERTIFICATE NUMBER: 63796311	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 AFFOR	RDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL T	THE TERMS							

EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ADDL SUBR INSD WVD POLICY EFF POLICY EXP (MM/DD/YYYY) INSR LTR **TYPE OF INSURANCE** POLICY NUMBER **COMMERCIAL GENERAL LIABILITY** Α SI8GL01851-211 9/1/2021 9/1/2022 EACH OCCURRENCE DAMAGE TO RENTED \$\$1,000,000 CLAIMS-MADE ✓ OCCUR \$\$300,000 PREMISES (Ea occurrence) MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$\$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$\$5,000,000 PRO-JECT POLICY LOC PRODUCTS - COMP/OP AGG \$\$1,000,000 \$\$1,000,000 OTHER: Participant Legal Liabi COMBINED SINGLE LIMIT (Ea accident) Α **AUTOMOBILE LIABILITY** SI8GL01851-211 9/1/2021 9/1/2022 \$\$1,000,000 ANY AUTO BODILY INJURY (Per person) SCHEDULED AUTOS NON-OWNED OWNED AUTOS ONLY HIRED BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTOS ONLY **AUTOS ONLY** UMBRELLA LIAB SI8EX01724-211 9/1/2021 9/1/2022 / OCCUR EACH OCCURRENCE \$\$5,000,000 **EXCESS LIAB** CLAIMS-MADE **AGGREGATE** \$\$5,000,000 DED RETENTION \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? 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 UBH000005 9/1/2021 9/1/2022 Participant Accident Medical \$100,000

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 & Michigan Youth Soccer League 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
DELTA COLLEGE 1961 DELTA RD UNIVERSITY CENTER MI 48710	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
	dary Fatterson



DATE (MM/DD/YYYY) 9/9/2021

\$\$5,000,000

\$

\$

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lf	SUE	RTANT: If the certificate holder is BROGATION IS WAIVED, subject ertificate does not confer rights to	to th	e ter	ms and conditions of th	e polic	y, certain p	olicies may ı	•			
PRODUCER USI Insurance Services NW 601 Union Street, Suite 1000 Seattle, WA 98101						CONTA NAME: PHONE (A/C, No E-MAIL ADDRE	o, Ext): 2	206-441-6300) FAX (A/C, No):			
							INS	SURER(S) AFFOR	RDING COVERAGE	NAIC#		
						INSURE	RA: Everest	National Insu	rance Company	10120		
INSU		gan State Vouth Seeser Asse		ion		INSURE	RB: QBE Ins	surance Corp	oration	39217		
IVI 92	1011 101	gan State Youth Soccer Asso General Drive, Suite 120	Ciai	1011		INSURE	RC:					
ΡΙ	ym	outh MI 48170				INSURE	RD:					
						INSURE	RE:					
						INSURE	RF:					
COVERAGES CERTIFICATE NUMBER: 63796312 REVISION NUMBER:												
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE			OF AN' ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPECT TO	CT TO WHICH THIS					
INSR LTR			ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
Α	1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000		
		CLAIMS-MADE ✓ OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000		
									MED EXP (Any one person)	\$ Excluded		
									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	P/OP AGG \$\$1,000,000		
		OTHER:							\$\$1,000,000			
Α	AUTOMOBILE LIABILITY SI8GL01851-211		SI8GL01851-211		9/1/2021	9/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000				
		ANY AUTO							BODILY INJURY (Per person)	\$		
		OWNED SCHEDULED AUTOS AUTOS							BODILY INJURY (Per accident)	\$		
	1	HIRED AUTOS ONLY V NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
										\$		
		UMBRELLA LIAB ✓ OCCUR			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,000,000		

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

UBH000005

This certificate is issued on behalf of Michigan State Youth Soccer Association & Michigan Youth Soccer League 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
DeMartin Soccer Complex 233 Kalamazoo Street East Lansing MI 48824	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 ###################################

9/1/2021

9/1/2022

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AGGREGATE

\$100,000

STATUTE

E.L. EACH ACCIDENT

E.L. DISEASE - EA EMPLOYEE

E.L. DISEASE - POLICY LIMIT

EXCESS LIAB

AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED?

If yes, describe under DESCRIPTION OF OPERATIONS below

Participant Accident Medical

DED WORKERS COMPENSATION

(Mandatory in NH)

RETENTION \$

CLAIMS-MADE

N/A



DATE (MM/DD/YYYY) 9/9/2021

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t have ADDITIONAL INCLIDED

lf	SUBROGATION IS WAIVED, subject is certificate does not confer rights to	to the	e tei	rms and conditions of th	ne polic uch enc	y, certain po lorsement(s	olicies may	•			
PRODUCER USI Insurance Services NW					CONTACT NAME:						
601 Union Street, Suite 1000					PHONE (A/C. No	. Ext): 2	206-441-6300)	FAX (A/C, No):		
	Seattle, WA 98101				E-MAIL ADDRES	SS:					
						INS	SURER(S) AFFOR	DING COVERAGE			NAIC#
					INSURE	RA: Everest	National Insu	rance Company			10120
INSU					INSURE	кв: QBE Ins	surance Corp	oration			39217
IVI Q∠	chigan State Youth Soccer Ass 01 General Drive, Suite 120	ociati	on		INSURE	RC:					
Plymouth MI 48170				INSURER D:							
, , ,					INSURER E:						
					INSURER F:						
CO	/ERAGES CER	TIFIC	ATE	NUMBER: 63796313				REVISION NUM	IBER:		
IN CE	IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RESTRICTED OR MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH	EQUIRE PERTA	EMEI	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY	CONTRACT	OR OTHER I	DOCUMENT WITH	RESPEC	T TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL S				POLICY EFF	POLICY EXP (MM/DD/YYYY)		LIMITS	3	
Α	✓ COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENC	E	\$\$1,00	00,000
	CLAIMS-MADE ✓ OCCUR							DAMAGE TO RENTE PREMISES (Ea occu	rrence)	\$\$300	,000
								MED EXP (Any one p	person)	\$ Exclu	ıded
								PERSONAL & ADV I	NJURY	\$\$1,00	00,000
	GEN'I AGGREGATE LIMIT APPLIES PER							GENERAL AGGREG	ΔTF	s \$5.00	00.000

PRO-JECT POLICY LOC PRODUCTS - COMP/OP AGG \$\$1,000,000 \$\$1,000,000 OTHER: Participant Legal Liabi COMBINED SINGLE LIMIT (Ea accident) **AUTOMOBILE LIABILITY** SI8GL01851-211 9/1/2021 9/1/2022 \$\$1,000,000 ANY AUTO BODILY INJURY (Per person) OWNED AUTOS ONLY HIRED SCHEDULED AUTOS NON-OWNED BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTOS ONLY **AUTOS ONLY** UMBRELLA LIAB SI8EX01724-211 9/1/2021 9/1/2022 / OCCUR EACH OCCURRENCE \$\$5,000,000 **EXCESS LIAB** CLAIMS-MADE AGGREGATE \$\$5,000,000 DED RETENTION \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? 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 UBH000005 9/1/2021 9/1/2022 Participant Accident Medical \$100,000

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

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CERTIFICATE HOLDER	CANCELLATION
DERBY MIDDLE SCHOOL 1300 DERBY RD BIRMINGHAM MI 48009	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) 9/9/2021

\$

\$

\$

BODILY INJURY (Per person)

STATUTE

\$100,000

E.L. EACH ACCIDENT

E.L. DISEASE - EA EMPLOYEE

E.L. DISEASE - POLICY LIMIT

BODILY INJURY (Per accident)

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									
	s certificate does not confer rights t		ıch end	dorsement(s		.,				
PROI	DUCER USI Insurance Services N	W			CONTAC NAME:	СТ				
	601 Union Street, Suite 10				PHONE (A/C, No		206-441-6300	FAX (A/C, No):		
	Seattle, WA 98101				E-MAIL ADDRES	SS:				
						INS	URER(S) AFFOR	DING COVERAGE		NAIC#
					INSURE	RA: Everest	National Insu	rance Company		10120
INSU					INSURE	кв: QBE Ins	surance Corpo	oration		39217
	chigan State Youth Soccer Ass 01 General Drive, Suite 120	ocia	ion		INSURE	RC:				
Pi	ymouth MI 48170				INSURE	RD:				
, , ,					INSURER E :					
INSURER F:										
COVERAGES CERTIFICATE NUMBER: 63796314 REVISION NUMBER:										
IN CE	IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY ICLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REME!	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF ANY	CONTRACT	OR OTHER DESCRIBED	OCUMENT WITH RESPE	CT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
Α	✓ COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,00	00,000
	CLAIMS-MADE ✓ OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300	,000
								MED EXP (Any one person)	\$ Exclu	ıded
								PERSONAL & ADV INJURY	\$\$1,00	00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$\$5,00	00,000
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$\$1,00	00,000
	OTHER:							Participant Legal Liabi	\$\$1,00	00,000
Α	AUTOMOBILE LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,00	00,000

OWNED AUTOS ONLY HIRED SCHEDULED AUTOS NON-OWNED PROPERTY DAMAGE (Per accident) \$ AUTOS ONLY **AUTOS ONLY** UMBRELLA LIAB SI8EX01724-211 9/1/2021 9/1/2022 EACH OCCURRENCE 1 OCCUR \$\$5,000,000 **EXCESS LIAB** CLAIMS-MADE AGGREGATE \$\$5,000,000 DED RETENTION \$ WORKERS COMPENSATION

AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? (Mandatory in NH)

ANY AUTO

If yes, describe under DESCRIPTION OF OPERATIONS below

Participant Accident Medical

N/A

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

9/1/2021

9/1/2022

This certificate is issued on behalf of Michigan State Youth Soccer Association & Michigan Youth Soccer League 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.

UBH000005

CERTIFICATE HOLDER	CANCELLATION
Detroit Country Day School 22305 W. 13 Mile Rd. Beverly Hills MI 48025	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) 9/9/2021

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

						rms and conditions of th ificate holder in lieu of su				require an endorseme	nt. A st	atement on
PRO	DUCE	R USI Insurance Se	ervices N	W			CONTAC NAME:	т				
		601 Union Street					PHONE (A/C, No		206-441-6300	FAX		
		Seattle, WA 9810					(A/C, No, Ext): 206-441-6300 (A/C, No): E-MAIL ADDRESS:					
							INSURER(S) AFFORDING COVERAGE					NAIC#
							INSURE	RA: Everest	National Insu	rance Company		10120
INSU		01.1. 1/. 1/. 0.					INSURE	кв: QBE Ins	surance Corp	oration		39217
l IV	IICHI	gan State Youth Sc General Drive, Sui	occer Asso	ocia	tion		INSURE	RC:				
		outh MI 48170	120				INSURE	RD:				
	,						INSURE	RE:				
							INSURE	RF:				
CO	VER	AGES	CER	TIFIC	CATE	NUMBER: 63796315				REVISION NUMBER:		
						RANCE LISTED BELOW HAV						
С	ERTI	FICATE MAY BE ISSUEI	D OR MAY	PERT	AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	ED BY	THE POLICIES	S DESCRIBE	D HEREIN IS SUBJECT		
INSR LTR		TYPE OF INSURANCE			SUBR WVD		DELIVIO	POLICY EFF	POLICY EXP		MITS	
A	,	COMMERCIAL GENERAL LIA		INSD	WVD	POLICY NUMBER SI8GL01851-211		(MM/DD/YYYY) 9/1/2021	9/1/2022			00.000
<u>'`</u>			OCCUR			0.03201001 211		5. I/LUL I	J. II.LULL	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,0	00,000
										MED EXP (Any one person)	\$ Excl	uded
										PERSONAL & ADV INJURY	\$\$1,0	00,000
	GEN	I'L AGGRE <u>GAT</u> E LIMIT AP <u>PLIE</u>	ES PER:							GENERAL AGGREGATE	\$\$5,0	00,000
		POLICY PRO- JECT	LOC							PRODUCTS - COMP/OP AG	3 \$\$1,0	00,000
		OTHER:								Participant Legal Liabi	\$\$1,0	00,000
Α	AUT	OMOBILE LIABILITY				SI8GL01851-211		9/1/2021	9/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,0	00,000
		ANY AUTO								BODILY INJURY (Per person) \$	
		AUTOS ONLY AUT	HEDULED FOS							BODILY INJURY (Per accide	nt) \$	
	1	HIRED NON	N-OWNED FOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
											\$	
		UMBRELLA LIAB	OCCUR			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,0	00,000
	1	EXCESS LIAB	CLAIMS-MADE							AGGREGATE	\$\$5,0	00,000
		DED RETENTION \$									\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY								PER OTH- STATUTE ER		
	ANYE	PROPRIETOR/PARTNER/EXEC CER/MEMBEREXCLUDED?	CUTIVE //N	N/A						E.L. EACH ACCIDENT	\$	
	(Man	datory in NH)		117.7						E.L. DISEASE - EA EMPLOY	EE \$	
	If yes	s, describe under CRIPTION OF OPERATIONS b	pelow							E.L. DISEASE - POLICY LIM	т \$	
В	Part	icipant Accident Medica	al			UBH000005		9/1/2021	9/1/2022	\$100,000		
DES	CRIPT	ION OF OPERATIONS / LOCA	TIONS / VEHICI	LES (A	CORD	101, Additional Remarks Schedu	le, may be	attached if more	e space is requir	ed)		
\mid $_{Th}$	is ce	rtificate is issued on hel	half of Mich	igan :	State	Youth Soccer Association	& Michia	ran Youth So	ccer l eague			
Ce	rtifica	ate holder is Additional	Insured as r	espe	cts th	e operations of the Named	Insured	for sanction				
of '	the s	tate association. Waive	er of Subroga	ation	applie	es when required by writter	n contra	ct.				
L												
CE	RTIF	ICATE HOLDER					CANC	ELLATION				
ח	ewi	tt Charter Township)							ESCRIBED POLICIES BE EREOF, NOTICE WILL		
1	401	W Herbison Road	-							Y PROVISIONS.	DE DE	

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Gary D. Putterson

AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY) 9/9/2021

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	SUBROGATION IS WAIVED, subject als certificate does not confer rights to							require an endorsement.	A sta	atement on	
PRO	DUCER USI Insurance Services NV	N			CONTAC NAME:	СТ					
	601 Union Street, Suite 10				PHONE (A/C, No	. Evt): 2	206-441-6300	FAX (A/C, No):			
	Seattle, WA 98101					9, <u>Lai).</u> 89.	.00 111 0000	(Alo, No).			
					E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC #					NAIC#	
					` '					10120	
INSU	IRED					RB: QBE Ins				39217	
M	lichigan State Youth Soccer Asso	ciat	tion				urance corp	Dialion		39217	
94	401 General Drive, Suite 120				INSURER C:						
Р	lymouth MI 48170				INSURER D:						
					INSURE						
	VED 4 0 E 0	FIF 1/		NUMBER, comos co	INSURER F:						
				NUMBER: 63796316	REVISION NUMBER: AVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD						
IN CI E)	IDICATED. NOTWITHSTANDING ANY REI ERTIFICATE MAY BE ISSUED OR MAY F XCLUSIONS AND CONDITIONS OF SUCH F	QUIR PERT POLIC	REMEI AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN'	Y CONTRACT THE POLICIES REDUCED BY F	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPECT	r to v	VHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
Α	✓ COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022		\$1,00	0,000	
	CLAIMS-MADE ✓ OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$	\$300,	,000	
								· · ·	Exclu	ded	
								PERSONAL & ADV INJURY \$	\$1,00	0.000	
	GEN'L AGGREGATE LIMIT APPLIES PER:								\$5,00	,	
	POLICY PRO- JECT LOC								\$1.00		
	OTHER:								\$1.00	-,	
Α	AUTOMOBILE LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	COMBINED SINGLE LIMIT	\$1.00	,	
	ANY AUTO							BODILY INJURY (Per person) \$, ,	0,000	
	OWNED SCHEDULED							BODILY INJURY (Per accident) \$			
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE			
	AUTOS ONLY AUTOS ONLY							(Per accident)			
	UMBRELLA LIAB ✓ OCCUR			SI8EX01724-211		9/1/2021	9/1/2022		\$5,00	0.000	
	/ EXOCOLUAR			0.02.701721211		0/1/2021	O/ I/LOLL				
	CLAINIS-WADE								\$5,00	10,000	
	DED RETENTION \$ WORKERS COMPENSATION							PER OTH- STATUTE ER	<u> </u>		
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE										
	OFFICER/MEMBEREXCLUDED?	N/A						E.L. EACH ACCIDENT \$			
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE \$			
В	Participant Accident Medical			UBH000005		9/1/2021	9/1/2022	E.L. DISEASE - POLICY LIMIT \$ \$100.000	5		
	Tantopant Aesiash Wedisa			021100000		37 17202 1	0/1/2022	\$100,000			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORD	101, Additional Remarks Schedu	le, may be	attached if more	space is require	ed)			
Ce	is certificate is issued on behalf of Michiq rtificate holder is Additional Insured as re the state association. Waiver of Subroga	espe	cts the	e operations of the Named	Insure	d for sanction					
	DTIFICATE HOLDED				0.000						
CEI	RTIFICATE HOLDER			1	CANC	ELLATION					
20	ewitt Sports Park 00 W. Herbison ewitt MI 48820				THE	EXPIRATION	DATE THE	ESCRIBED POLICIES BE CAN EREOF, NOTICE WILL BE Y PROVISIONS.		-	
					AUTHO	RIZED REPRESEI	NTATIVE				

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Gary D. Putterson



DATE (MM/DD/YYYY)

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this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).								
PRODUCER USI Insurance Services NW	CONTACT NAME:							
601 Union Street, Suite 1000	PHONE (A/C, No. Ext): 206-441-6300 (A/C, No):							
Seattle, WA 98101	E-MAIL ADDRESS:							
	INSURER(S) AFFORDING COVERAGE	NAIC#						
	INSURER A: Everest National Insurance Company	10120						
INSURED A	INSURER B: QBE Insurance Corporation 39217							
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:							
Plymouth MI 48170	INSURER D:							
•	INSURER E :							
	INSURER F:							
COVERAGES CERTIFICATE NUMBER: 63796317	REVISION NUMBER:							
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA								
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFOR								

EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ADDL SUBR INSD WVD POLICY EFF POLICY EXP (MM/DD/YYYY) INSR LTR **TYPE OF INSURANCE** POLICY NUMBER Α **COMMERCIAL GENERAL LIABILITY** SI8GL01851-211 9/1/2021 9/1/2022 EACH OCCURRENCE DAMAGE TO RENTED \$\$1,000,000 CLAIMS-MADE ✓ OCCUR \$\$300,000 PREMISES (Ea occurrence) MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$\$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$\$5,000,000 PRO-JECT POLICY LOC PRODUCTS - COMP/OP AGG \$\$1,000,000 \$\$1,000,000 OTHER: Participant Legal Liabi COMBINED SINGLE LIMIT (Ea accident) Α **AUTOMOBILE LIABILITY** SI8GL01851-211 9/1/2021 9/1/2022 \$\$1,000,000 ANY AUTO BODILY INJURY (Per person) SCHEDULED AUTOS NON-OWNED OWNED AUTOS ONLY HIRED BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTOS ONLY **AUTOS ONLY** UMBRELLA LIAB SI8EX01724-211 9/1/2021 9/1/2022 / OCCUR EACH OCCURRENCE \$\$5,000,000 **EXCESS LIAB CLAIMS-MADE AGGREGATE** \$\$5,000,000 DED RETENTION \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? 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 UBH000005 9/1/2021 Participant Accident Medical 9/1/2022 \$100,000

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 & Michigan Youth Soccer League 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.

DRESDEN ELEMENTARY SCHOOL THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN	CERTIFICATE HOLDER	CANCELLATION
STERLING HEIGHTS MI 48314 ACCORDANCE WITH THE POLICY PROVISIONS.	11400 DELVIN DRIVE	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. Putterson		Gary D. Patterson
Gary Patterson		Gary Patterson



DATE (MM/DD/YYYY) 9/9/2021

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licy/ice) must have ADDITIONAL INCLIDED

lf	SUE	BROGATION IS WAIVED, subject ertificate does not confer rights to	to th	ne tei	rms and conditions of th	e polic	y, certain p	olicies may ı				
		R USI Insurance Services N				CONTA NAME:		<i>/</i> -				
		601 Union Street, Suite 10	000			PHONE (A/C, No	- F4\-	206-441-6300		FAX (A/C, No):		
	Seattle, WA 98101					E-MAIL ADDRE	SS:	200 441 0000		(A/C, NO).		
							INS	SURER(S) AFFOR	DING COVERAGE			NAIC#
						INSURE	RA: Everest	National Insu	rance Company			10120
INSU				_		INSURE	RB: QBE Ins	surance Corp	oration			39217
		igan State Youth Soccer Asso	ociat	ion		INSURE	RC:	•				
94 PI	tu i vm	General Drive, Suite 120 outh MI 48170				INSURE	RD:					
Ι΄.	y	Guil 10176				INSURE						
						INSURE						
CO	/ER	AGES CER	TIFIC	CATE	NUMBER: 63796318				REVISION NUM	BER:		
TH	IIS I	S TO CERTIFY THAT THE POLICIES				VE BEE	N ISSUED TO				HE POL	ICY PERIOD
		ATED. NOTWITHSTANDING ANY RE										
		FICATE MAY BE ISSUED OR MAY I JSIONS AND CONDITIONS OF SUCH) HEREIN IS SUB	JECT IC	ALL	HE TERMS,
INSR LTR			ADDL INSD				POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT		
A	1	COMMERCIAL GENERAL LIABILITY	INSD	WVD	SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE			00.000
	•	CLAIMS-MADE ✓ OCCUR							DAMAGE TO RENTEI PREMISES (Ea occur	D	\$\$300	,
		CLAING-WADE							MED EXP (Any one pe		\$ Exclu	<i>'</i>
									PERSONAL & ADV IN		\$\$1,00	
	CEN	V'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGA		\$\$5,00	<u> </u>
	GEI	PRO-										
									PRODUCTS - COMP/		\$\$1,00	
A	ΔΙΙΤ	OTHER:			SI8GL01851-211		9/1/2021	9/1/2022	Participant Legal COMBINED SINGLE		, , , .	00,000
^	701	ANY AUTO			01001001211		3/1/2021	3/1/2022	(Ea accident) BODILY INJURY (Per	nerson)	\$\$1,00 \$	00,000
		OWNED SCHEDULED							BODILY INJURY (Per	· /	\$	
	_	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE		\$	
		AUTOS ONLY AUTOS ONLY							(Per accident)		\$	
		UMBRELLA LIAB ✓ OCCUR			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURRENCE	=	-	00.000
	_	EXCESS LIAB CLAIMS-MADE							AGGREGATE	_	\$\$5.00	,
	_								AGGREGATE		\$ \$5,00	00,000
		DED RETENTION \$ RKERS COMPENSATION							PER STATUTE	OTH- ER	φ	
	AND	EMPLOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE Y / N							E.L. EACH ACCIDEN		•	
	OFF	ICER/MEMBEREXCLUDED?	N/A								\$	
	If yes	s, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - EA EN			
В	DES Part	ticipant Accident Medical			UBH000005		9/1/2021	9/1/2022	E.L. DISEASE - POLICE \$100.000	JY LIMIΓ	\$	
	· ui	Morpaint / Moraorit Midaldar			02.100000		5, 1, LOL 1	J. 172022	ψ.00,000			

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 & Michigan Youth Soccer League 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
DRYDEN HIGH SCHOOL 3866 ROCHESTER ROAD Dryden MI 48428	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 i autorom



DATE (MM/DD/YYYY) 9/9/2021

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the noticy/ies) must have ADDITIONAL INSURED provisions or be endorsed

If SUBRO	GATION IS WAIVED, subject icate does not confer rights to	to the ter	rms and conditions of th	ne polic uch end	y, certain po dorsement(s	olicies may i	•		
6	JSI Insurance Services N 601 Union Street, Suite 10 Seattle, WA 98101			CONTAC NAME: PHONE (A/C, No E-MAIL ADDRES	o, Ext):	206-441-6300	FAX (A/C, No):		
				ADDRES		SURER(S) AFFOR	DING COVERAGE		NAIC#
				INSURE	RA: Everest	National Insu	rance Company		10120
INSURED	0			INSURE	кв: QBE Ins	surance Corp	oration		39217
	n State Youth Soccer Ass eneral Drive, Suite 120	ociation		INSURE	RC:				
	h MI 48170			INSURE	RD:				
•				INSURE	RE:				
				INSURE	RF:				
COVERAG	ES CER	TIFICATE	NUMBER: 63796319				REVISION NUMBER:		
INDICATED	D CERTIFY THAT THE POLICIES D. NOTWITHSTANDING ANY RE	EQUIREME	NT, TERM OR CONDITION	OF ANY	CONTRACT	OR OTHER I	DOCUMENT WITH RESPE	CT TO V	WHICH THIS
	ATE MAY BE ISSUED OR MAY NS AND CONDITIONS OF SUCH	POLICIES.	LIMITS SHOWN MAY HAVE				D HEREIN IS SUBJECT TO	O ALL T	HE TERMS,
INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A 🗸 cor	MMERCIAL GENERAL LIABILITY		SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,00	00,000
	CLAIMS-MADE / OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300	,000
							MED EXP (Any one person)	\$ Exclu	ıded
							DEDCOMAL & ADVINUIDY	* 61 00	10 000 I

Α	<	COMMERCIAL GENERAL LIABILITY		SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
							MED EXP (Any one person)	\$ Excluded
							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		SI8GL01851-211	9/1/2021	9/1/2022	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		SI8EX01724-211	9/1/2021	9/1/2022	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 Y / N	N/A				E.L. EACH ACCIDENT	\$
	(Mar	CER/MEMBEREXCLUDED? datory in NH)					E.L. DISEASE - EA EMPLOYEE	\$
		s, describe under CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
В	Part	icipant Accident Medical		UBH000005	9/1/2021	9/1/2022	\$100,000	

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 & Michigan Youth Soccer League 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
EAGLE CREEEK ACADEMY 3739 KERN ROAD OAKLAND MI 48362	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) 9/9/2021

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed

PRODUCER USI Insurance Services NW 601 Union Street, Suite 1000 Seattle, WA 98101	CONTACT NAME: PHONE (A/C, No, Ext): 206-441-6300 FAX (A/C, No): E-MAIL ADDRESS:
	INSURER(S) AFFORDING COVERAGE NAIC #
	INSURER A: Everest National Insurance Company 10120
INSURED	INSURER B: QBE Insurance Corporation 39217
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:
Plymouth MI 48170	INSURER D:
•	INSURER E:
	INSURER F:
COVERAGES CERTIFICATE NUMBER:	96320 REVISION NUMBER:
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OF	LOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD NDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, AY HAVE BEEN REDUCED BY PAID CLAIMS.
INSR ADDL SUBR LTR TYPE OF INSURANCE INSD WVD PO	POLICY EFF POLICY EXP UMBER (MM/DD/YYYY) (MM/DD/YYYY) LIMITS
A COMMERCIAL GENERAL LIABILITY SI8GL0185	LACITOCCONNENCE \$\psi_1,000,000
CLAIMS-MADE ✓ OCCUR	DAMAGE TO RENTED PREMISES (Ea occurrence) \$\$300,000
	MED EXP (Any one person) \$ Excluded

LIN		=	III	44 A D	I OLIOT NOMBER				~
Α	/	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
								MED EXP (Any one person)	\$ Excluded
								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	AU1	OMOBILE LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	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			SI8EX01724-211	9/1/2021	9/1/2022	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)						E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Par	ticipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000	

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

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3739 Kern Oakland Township MI 48363	ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
	Gary Patterson



DATE (MM/DD/YYYY)

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	is certificate does not confer rights				such endorsement(s).						
_	DUCER USI Insurance Services N				CONTA NAME:		,-				
	601 Union Street, Suite 10				PHONE (A/C, No	Evt).	206-441-6300 FAX (A/C, No):				
	Seattle, WA 98101				E-MAIL ADDRE	99.	-000 441 0000	(A/C, NO).			
					INSURER(S) AFFORDING COVERAGE				NAIC#		
					INSURE	10120					
INSL	RED							• •	39217		
	lichigan State Youth Soccer Ass	ocia	tion		INSURER B: QBE Insurance Corporation 392 INSURER C:						
9 P	401 General Drive, Suite 120 lymouth MI 48170					INSURER D :					
'	ymodar wir 10170				INSURE						
					INSURE	RF:					
СО	VERAGES CER	TIFIC	CATE	NUMBER: 63796321				REVISION NUMBER:			
IN C	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RI ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT POLI	REME AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIE	OR OTHER I S DESCRIBEI	DOCUMENT WITH RESPECT TO AL	O WHICH THIS		
LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS			
A	CLAIMS-MADE OCCUR			SI8GL01851-211		9/1/2021	9/1/2022	DAMAGE TO RENTED	1,000,000 300.000		
								` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	cluded		
								PERSONAL & ADV INJURY \$\$1	,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$\$5	5,000,000		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG \$\$1	,000,000		
	OTHER:								,000,000		
Α	AUTOMOBILE LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	COMBINED SINGLE LIMIT (Ea accident) \$\$,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			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURRENCE \$\$5	5,000,000		
	✓ EXCESS LIAB CLAIMS-MADE							AGGREGATE \$\$5	5,000,000		
	DED RETENTION \$ WORKERS COMPENSATION							\$ PER OTH-			
	AND EMPLOYERS' LIABILITY Y / N							PER OTH- STATUTE ER			
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT \$			
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE \$			
В	DÉSCRIPTION OF OPERATIONS below Participant Accident Medical			UBH000005		9/1/2021	9/1/2022	E.L. DISEASE - POLICY LIMIT \$ \$100.000			
	Tartopant / toolasht Mealea			0211000000		0,1,2021	0/1/2022	4100,000			
DES	L CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORE) 101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requir	ed)			
Th Ce	ESCRIPTION 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 & Michigan Youth Soccer League 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.										
CE	RTIFICATE HOLDER				CANCELLATION						
7	AST CHINA PARK D1 RECOR ROAD AST CHINA MI 48054				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						

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Gary D. Putterson

AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY) 9/9/2021

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	SUBROGATION IS WAIVED, subject is certificate does not confer rights to							equire an endorsement.	A sta	atement on
_	DUCER USI Insurance Services N		. 0011	moute notaer in nea or se	CONTAC NAME:		·			
	601 Union Street, Suite 10	00					206-441-6300	FAX		
	Seattle, WA 98101				PHONE (A/C, No, Ext): 206-441-6300 FAX (A/C, No): E-MAIL ADDRESS:					
					INSURER(S) AFFORDING COVERAGE NAIC #					
								rance Company		10120
INSU	^{кер} lichigan State Youth Soccer Asso	ociat	tion		INSURE	RВ: QBE Ins	urance Corp	oration		39217
94	401 General Drive, Suite 120	Julai	liOII		INSURE	RC:				
P	lymouth MI 48170				INSURE	RD:				
					INSURE	RE:				
					INSURE	RF:				
CO	VERAGES CER	TIFIC	CATE	NUMBER: 63796322				REVISION NUMBER:		
IN CI EX	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY INCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT POLIC	REME! AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF ANY	Y CONTRACT THE POLICIES REDUCED BY F	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPEC	T TO \	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3	
Α	✓ COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,00	00,000
	CLAIMS-MADE ✓ OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300	,000
								MED EXP (Any one person)	\$ Exclu	ıded
								PERSONAL & ADV INJURY	\$\$1,00	00.000
	GEN'L AGGREGATE LIMIT APPLIES PER:								\$\$5,00	•
	POLICY PRO- JECT LOC								\$\$1,00	
	OTHER:								\$\$1,00	· ·
Α	AUTOMOBILE LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	COMPINED ONIOLE LIMIT	\$\$1,00	
	ANY AUTO							\$	00,000	
	OWNED SCHEDULED							` ' '	\$	
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE	\$ \$	
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
	UMBRELLA LIAB / OCCUP			SI8EX01724-211		9/1/2021	9/1/2022			20.000
	/ System / Occur			OIOEXOTTE4 ETT		0,1,2021	OTTLOLL		\$\$5,00	
	CLAIWS-IWADL								\$ \$5,00	00,000
	DED RETENTION \$ WORKERS COMPENSATION								\$	
	AND EMPLOYERS' LIABILITY Y / N							PER OTH- STATUTE ER		
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$	
_	DÉSCRIPTION OF OPERATIONS below			1101100000			21112222		\$	
В	Participant Accident Medical			UBH000005		9/1/2021	9/1/2022	\$100,000		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	.ES (A	CORD	101, Additional Remarks Schedu	le, may be	attached if more	space is require	ed)		
Ce	s certificate is issued on behalf of Michi rtificate holder is Additional Insured as ru the state association. Waiver of Subroga	espe	cts the	e operations of the Named	Insure	d for sanction				
CEI	RTIFICATE HOLDER				CANC	ELLATION				
1	ast China Stadium 585 Meisner Rd ast China MI 48054				THE	EXPIRATION ORDANCE WIT	DATE THE	ESCRIBED POLICIES BE CA REOF, NOTICE WILL B Y PROVISIONS.		-
					AUTHO	RIZED REPRESE	NTATIVE			

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Gary D. Putterson



DATE (MM/DD/YYYY) 9/9/2021

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	SUBROGATION IS WAIVED, subject is certificate does not confer rights				•	•	•	require an endo	rsement.	. A sta	itement on
_	DUCER USI Insurance Services N		Certi	incate noider in ned or st	CONTA NAME:		·)·				
	601 Union Street, Suite 1				PHONE (A/C, No		206-441-6300		FAX (A/C, No):		
	Seattle, WA 98101				É-MAIL ADDRE	SS:					
						INS	SURER(S) AFFOR	DING COVERAGE			NAIC#
					INSURE	RA: Everest	National Insu	rance Company			10120
INSU		:			INSURE	RB: QBE Ins	surance Corpo	oration			39217
IVI Q∠	chigan State Youth Soccer Ass 01 General Drive, Suite 120	sociai	ion		INSURE	RC:					
P	ymouth MI 48170				INSURER D:						
					INSURER E :						
					INSURE	RF:					
CO	/ERAGES CE	RTIFIC	ATE	NUMBER: 63796323				REVISION NUI	MBER:		
	IIS IS TO CERTIFY THAT THE POLICIE DICATED. NOTWITHSTANDING ANY R										
	RTIFICATE MAY BE ISSUED OR MAY										
	CLUSIONS AND CONDITIONS OF SUCH			LIMITS SHOWN MAY HAVE	BEEN F						
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) LIMITS						
Α	✓ COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE	CE	s.\$1.00	0.000

LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS		
Α	<	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000	
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000	
								MED EXP (Any one person)	\$ Excluded	
								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			SI8GL01851-211	9/1/2021	9/1/2022	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			SI8EX01724-211	9/1/2021	9/1/2022	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 Y / N	N/A					E.L. EACH ACCIDENT	\$	
	(Man	CER/MEMBEREXCLUDED?	117.2					E.L. DISEASE - EA EMPLOYEE	\$	
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
В	Pari	ticipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000		

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

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CERTIFICATE HOLDER	CANCELLATION
EAST HILLS MIDDLE SCHOOL 2800 KENSINGTON RD BLOOMFIELD HILLS MI 48301	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
<u> </u>	Gary Patterson



DATE (MM/DD/YYYY)

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this certificate does not confer rights to t	the certificate holder in lieu of s	uch endorseme	nt(s).								
PRODUCER USI Insurance Services NW	(CONTACT NAME:									
601 Union Street, Suite 1000		PHONE (A/C, No, Ext): 206-441-6300 (A/C, No):									
Seattle, WA 98101		E-MAIL ADDRESS:									
			INSURER(S) AFFORDING COVERA	AGE	NAIC#						
		INSURER A : Ever	rest National Insurance Com	pany	10120						
INSURED		INSURER B: QBE	39217								
Michigan State Youth Soccer Assoc 9401 General Drive, Suite 120	ation	INSURER C:									
Plymouth MI 48170		INSURER D :									
		INSURER E :									
		INSURER F:									
COVERAGES CERTI	FICATE NUMBER: 63796324		REVISION	NUMBER:							
THIS IS TO CERTIFY THAT THE POLICIES O											
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.											

POLICY EFF POLICY EXP (MM/DD/YYYY) INSR LTR ADDL SUBR TYPE OF INSURANCE POLICY NUMBER INSD WVD Α **COMMERCIAL GENERAL LIABILITY** SI8GL01851-211 9/1/2021 9/1/2022 EACH OCCURRENCE DAMAGE TO RENTED \$\$1,000,000 CLAIMS-MADE ✓ OCCUR \$\$300,000 PREMISES (Ea occurrence) MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$\$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$\$5,000,000 PRO-JECT POLICY LOC PRODUCTS - COMP/OP AGG \$\$1,000,000 \$\$1,000,000 OTHER: Participant Legal Liabi COMBINED SINGLE LIMIT (Ea accident) Α **AUTOMOBILE LIABILITY** SI8GL01851-211 9/1/2021 9/1/2022 \$\$1,000,000 ANY AUTO BODILY INJURY (Per person) SCHEDULED AUTOS NON-OWNED OWNED AUTOS ONLY HIRED **BODILY INJURY (Per accident)** \$ PROPERTY DAMAGE (Per accident) \$ AUTOS ONLY **AUTOS ONLY** UMBRELLA LIAB SI8EX01724-211 9/1/2021 9/1/2022 / OCCUR EACH OCCURRENCE \$\$5,000,000 **EXCESS LIAB CLAIMS-MADE AGGREGATE** \$\$5,000,000 DED RETENTION \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? 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 UBH000005 9/1/2021 Participant Accident Medical 9/1/2022 \$100,000

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 & Michigan Youth Soccer League 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
East Lansing Sports Complex 3636 Coleman Road East Lansing MI 48823	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) 9/9/2021

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

						rms and conditions of th ificate holder in lieu of si				require an endorsement	. A st	atement on	
		R USI Insuranc			COIL	incate notaer in nea or st	CONTA		,.				
		601 Union S	treet, Suite 10))))			NAME: PHONE (A/C, No		200 444 0000	FAX			
		Seattle, WA		, 00			E-MAIL	o, Ext): 2	206-441-6300) (A/C, No):			
		•					E-MAIL ADDRESS:						
							INSURER(S) AFFORDING COVERAGE NAIC #						
							INSURE	RA: Everest	National Insu	irance Company		10120	
	IRED Lighi	gan State Yout	h Cooper App	ooio	tion		INSURE	RB: QBE Ins	surance Corp	oration		39217	
9,	110111 401	General Drive	Suite 120	ocia	lion		INSURE	RC:					
P	lymo	outh MI 48170)				INSURE	RD:					
	•						INSURE	RE:					
							INSURE	RF:					
CO	VER	AGES	CER	TIFIC	CATE	NUMBER: 63796325				REVISION NUMBER:			
IN CI EX	IDICA ERTII XCLU	ATED. NOTWITHS FICATE MAY BE I	TANDING ANY RE SSUED OR MAY	EQUIF PERT POLI	REMEI	RANCE LISTED BELOW HA NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIES	OR OTHER IS DESCRIBED PAID CLAIMS.	DOCUMENT WITH RESPECT TO	CT TO V	WHICH THIS	
INSR LTR		TYPE OF INSU		INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S		
Α	1	COMMERCIAL GENE	RAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,00	00,000	
		CLAIMS-MADE	✓ OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300	,000	
										MED EXP (Any one person)	\$ Exclu	ıded	
										PERSONAL & ADV INJURY	\$\$1,00	00,000	
	GEN	I'L AGGREGATE LIMIT	APPLIES PER:							GENERAL AGGREGATE	\$\$5,00		
		POLICY PRO- JECT	LOC							PRODUCTS - COMP/OP AGG	\$\$1,00	·	
		OTHER:								Participant Legal Liabi	\$\$1.00	,	
Α	AUT	OMOBILE LIABILITY				SI8GL01851-211		9/1/2021	9/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,00		
		ANY AUTO								BODILY INJURY (Per person)	\$	00,000	
		OWNED	SCHEDULED							BODILY INJURY (Per accident)	\$		
		AUTOS ONLY HIRED	AUTOS NON-OWNED							PROPERTY DAMAGE			
	/	AUTOS ONLY	AUTOS ONLY							(Per accident)	\$		
						0105)(0.170.4.0.4.4		0///000/	0///0000		\$		
		UMBRELLA LIAB	✓ OCCUR			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,00	00,000	
	/	EXCESS LIAB	CLAIMS-MADE							AGGREGATE	\$\$5,00	00,000	
		DED RETENT								DED LOTH	\$		
		KERS COMPENSATION	rv							PER OTH- STATUTE ER			
	ANYF	PROPRIETOR/PARTNER	R/EXECUTIVE TIN	N/A						E.L. EACH ACCIDENT	\$		
	(Man	datory in NH)	ED?	II / A						E.L. DISEASE - EA EMPLOYEE	\$		
	If yes	s, describe under CRIPTION OF OPERAT	TONS below							E.L. DISEASE - POLICY LIMIT	\$		
В	Part	icipant Accident M	1edical			UBH000005		9/1/2021	9/1/2022	\$100,000			
DES	CRIPT	ION OF OPERATIONS	/ LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedu	le, may b	e attached if more	e space is requir	ed)			
Ce	rtifica	ate holder is Addit	ional Insured as r	espe	cts th	Youth Soccer Association e operations of the Named es when required by writter	Insure	ď for sanction					
CF	RTIF	ICATE HOLDER	<u> </u>				CANO	ELLATION					
EO	lite l	Indoor Sports and Drive by Twp MI 483					SHO THE	ULD ANY OF 1	I DATE THI	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E BY PROVISIONS.			
		-					AUTHO	RIZED REPRESEI	NTATIVE				

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Gary D. Putterson



DATE (MM/DD/YYYY)

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this certificate does not confer rights to the certificate holder in lieu of									
PRODUCER USI Insurance Services NW	CONTACT NAME:								
601 Union Street, Suite 1000	PHONE (A/C, No, Ext): 206-441-6300 (A/C, No):								
Seattle, WA 98101	E-MAIL ADDRESS:								
	INSURER(S) AFFORDING COVERAGE	NAIC#							
	INSURER A: Everest National Insurance Company	10120							
INSURED A	INSURER B: QBE Insurance Corporation 39217								
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:								
Plymouth MI 48170	INSURER D:								
•	INSURER E :								
	INSURER F:								
COVERAGES CERTIFICATE NUMBER: 63796326	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		POLICY EFF	POLICY EXP			
LTR		TYPE OF INSURANCE	INSD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S	
Α	1	COMMERCIAL GENERAL LIABILITY		SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000	
	CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000	
							MED EXP (Any one person)	\$ Excluded	
							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		SI8GL01851-211	9/1/2021	9/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000	
		ANY AUTO					BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY AUTOS						BODILY INJURY (Per accident)	\$	
	1	AUTOS ONLY NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
								\$	
		UMBRELLA LIAB ✓ OCCUR		SI8EX01724-211	9/1/2021	9/1/2022	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 7/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				UBH000005	9/1/2021	9/1/2022	\$100,000		

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 & Michigan Youth Soccer League 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
ELMER LANGE MEMORIAL PARK 4135 KOCHVILLE RD SAGINAW MI 48604	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
	dary ratiosoff



DATE (MM/DD/YYYY) 9/9/2021

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	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).												
PRO	DUCE	R USI Insurance Services N	W			CONTACT NAME:							
		601 Union Street, Suite 10				PHONE (A/C, No	Evt).	206-441-6300	FAX (A/C, No):				
		Seattle, WA 98101				E-MAIL ADDRESS:							
						INSURER(S) AFFORDING COVERAGE NA							
						INSURER A: Everest National Insurance Company 1012							
	IRED	0				INSURE	кв: QBE In:	surance Corp	oration		39217		
l N	lichi 401	gan State Youth Soccer Asso General Drive, Suite 120	ocia	tion		INSURE							
		outh MI 48170				INSURE	RD:						
	,					INSURE	RE:						
						INSURE	RF:						
					NUMBER: 63796327				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,													
E	XCLL	JSIONS AND CONDITIONS OF SUCH	POLI	CIES.	LIMITS SHOWN MAY HAVE		REDUCED BY	PAID CLAIMS		,,,,,,	rie reraio,		
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			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,00	00,000		
		CLAIMS-MADE ✓ OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300	,000		
									MED EXP (Any one person)	\$ Exclu	ıded		
									PERSONAL & ADV INJURY	\$ \$1,00	00,000		
	GEN	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$\$5,00	00,000		
		POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ \$1,00	00,000		
		OTHER:								\$\$1,00	00,000		
Α	AUT	OMOBILE LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,00	00,000		
		ANY AUTO							BODILY INJURY (Per person)	\$			
		OWNED SCHEDULED AUTOS							` /	\$			
	1	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$			
										\$			
		UMBRELLA LIAB ✓ OCCUR			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$ \$5,00	00,000		
	1	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$ \$5,00	00,000		
		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)							E.L. DISEASE - EA EMPLOYEE	\$			
	DÉS	s, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$			
В	Par	ticipant Accident Medical			UBH000005		9/1/2021	9/1/2022	\$100,000				
DES	CRIPT	ION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORE) 101, Additional Remarks Schedu	e, may b	e attached if mor	re space is requir	ed)				
			·						,				
		rtificate is issued on behalf of Michi ate holder is Additional Insured as re											
		tate association. Waiver of Subroga											
CF	RTIF	FICATE HOLDER				CANO	ELLATION						
_	MU								ESCRIBED POLICIES BE CA				
		WESTVIEW ST.							EREOF, NOTICE WILL B BY PROVISIONS.	E DEI	IVERED IN		
		anti MI 48197											

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Gary D. Putterson

AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY)

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	onfer rights to the certificate holder in lieu of s	•							
PRODUCER USI Insurance	Services NW	CONTACT NAME:							
601 Union Stre		PHONE (A/C, No, Ext):	206-441-6300	FAX (A/C, No):					
Seattle, WA 98	101	E-MAIL ADDRESS:							
			INSURER(S) AFFORDING COVERA	GE	NAIC#				
		INSURER A : Eve	rest National Insurance Comp	any	10120				
INSURED	Decree Access to the co	INSURER B: QBE	39217						
Michigan State Youth S 9401 General Drive, S	SOCCET ASSOCIATION	INSURER C :							
Plymouth MI 48170	uno 120	INSURER D :							
-		INSURER E :							
		INSURER F:							
COVERAGES	CERTIFICATE NUMBER: 63796328		REVISION	NUMBER:					
	THE POLICIES OF INSURANCE LISTED BELOW HA								
	IDING ANY REQUIREMENT, TERM OR CONDITION								
	JED OR MAY PERTAIN, THE INSURANCE AFFORD DNS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE			SUBJECT TO ALL	THE TERMS,				
INSR	ADDL SUBR	POLICY F							

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		SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
							MED EXP (Any one person)	\$ Excluded
							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		SI8GL01851-211	9/1/2021	9/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
		ANY AUTO					BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	/	AUTOS ONLY NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
								\$
		UMBRELLA LIAB ✓ OCCUR		SI8EX01724-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,000,000
	1	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$\$5,000,000
		DED RETENTION \$						\$
		KERS COMPENSATION EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
		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	Part	icipant Accident Medical		UBH000005	9/1/2021	9/1/2022	\$100,000	

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

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CERTIFICATE HOLDER	CANCELLATION
EVEREST COLLEGIATE ACADEMY 5935 CLARKSTON RD CLARKSTON MI 48348	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) 9/9/2021

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PRODUCER USI Insurance Services N	W			CONTA NAME:	СТ				
601 Union Street, Suite 10		PHONE (A/C, No		206-441-6300	FAX (A/C, No):				
Seattle, WA 98101				E-MAIL ADDRE	,		, (= 2, 1.2).		
					INS	SURER(S) AFFOR	RDING COVERAGE	NAIC#	
				INSURE	RA: Everest	National Insu	rance Company	10120	
INSURED				INSURE	кв: QBE Ins	surance Corp	oration	39217	
Michigan State Youth Soccer Ass 9401 General Drive, Suite 120	ociai	ion		INSURER C:					
Plymouth MI 48170				INSURER D:					
,				INSURER E :					
				INSURE	RF:				
COVERAGES CER	TIFIC	CATE	NUMBER: 63796329				REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES									
INDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY									
EXCLUSIONS AND CONDITIONS OF SUCH								e iiie ieiwio,	
INSR LTR TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE \$\$1	,000,000	

LIK		THEOFINOOIDANOL	INSD	WVD	PULICT NUMBER	(IVIIVI/DD/TTTT)	(IVIIVI/DD/TTTT)	LIMIT	<u> </u>
Α	/	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
								MED EXP (Any one person)	\$ Excluded
								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			SI8GL01851-211	9/1/2021	9/1/2022	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			SI8EX01724-211	9/1/2021	9/1/2022	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)	,					E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Par	ticipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000	

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 & Michigan Youth Soccer League 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
EVOLUTION SPORTSPLEX 141 SOUTH OPDYDE AUBURN HILLS MI 48326	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) 9/9/2021

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 t							require an endorsement	. A St	atement on
PRODUCER USI Insurance Services N	w			CONTA NAME:	СТ				
601 Union Street, Suite 1000			PHONE (A/C, No, Ext): 206-441-6300 (A/C, No):						
Seattle, WA 98101			(A/C, No, Ext): 200-441-0300 (A/C, No): E-MAIL ADDRESS:						
						URER(S) AFFOR	RDING COVERAGE		NAIC#
				INSURE	RA: Everest	National Insu	rance Company		10120
INSURED				INSURE	RВ: QBE Ins	surance Corp	oration		39217
Michigan State Youth Soccer Ass 9401 General Drive, Suite 120	ocia	tion		INSURE	RC:				
Plymouth MI 48170				INSURE	RD:				
'				INSURE	RE:				
				INSURE	RF:				
			NUMBER: 63796330				REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT	REME	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN' ED BY	Y CONTRACT	OR OTHER I S DESCRIBEI	DOCUMENT WITH RESPE D HEREIN IS SUBJECT TO	CT TO	WHICH THIS
INSR LTR TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,00	00,000
CLAIMS-MADE ✓ OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300	,000
							MED EXP (Any one person)	\$ Exclu	uded
							PERSONAL & ADV INJURY	\$\$1,00	00,000
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$\$5,00	00,000
POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$\$1,00	00,000
OTHER:							Participant Legal Liabi	\$\$1,00	00,000
A AUTOMOBILE LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	COMBINED SINGLE LIMIT (Ea accident)	7 /-	00,000
ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per person)	\$	
OWNED SCHEDULED AUTOS ONLY AUTOS NON-OWNED							BODILY INJURY (Per accident)	\$	
AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
LIMBDELLA LIAB			CIOEV01704 011		0/1/0001	0/1/0000		\$	
UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS MADE			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURRENCE		00,000
CLAIIVIS-IVIADE	-						AGGREGATE		00,000
DED RETENTION \$ WORKERS COMPENSATION							PER OTH- STATUTE ER	\$	
AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE								•	
OFFICER/MEMBEREXCLUDED?	N/A						E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE	\$	
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
B Participant Accident Medical			UBH000005		9/1/2021	9/1/2022	\$100,000	Ψ	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORD	101, Additional Remarks Schedu	le, may b	attached if more	e space is requir	ed)		
This certificate is issued on behalf of Mich	inan	State	Youth Soccer Association	& Michi	gan Vouth So	ccer l eague			
Certificate holder is Additional Insured as r	espe	cts th	e operations of the Named	I Insure	d for sanction				
of the state association. Waiver of Subroga	ation	applie	es when required by writter	n contra	ict.				
CERTIFICATE HOLDER				CANC	ELLATION				

Evolution Sportsplex SHOULD ANY OF T

Evolution Sportsplex 141 SOUTH OPDYKE ROAD AUBURN HILLS MI 48326 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
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DATE (MM/DD/YYYY) 9/9/2021

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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 this certificate does not confer rights to the certificate holder in lieu of su		tement on
PRODUCER USI Insurance Services NW 601 Union Street, Suite 1000 Seattle, WA 98101	CONTACT NAME: PHONE (A/C, No, Ext): 206-441-6300 (A/C, No): E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC#
	INSURER A: Everest National Insurance Company	10120
INSURED	INSURER B: QBE Insurance Corporation	39217
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:	
Plymouth MI 48170	INSURER D:	
,	INSURER E :	
	INSURER F:	
COVERAGES CERTIFICATE NUMBER: 63796331	REVISION NUMBER:	
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVINDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDIEXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE	OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO W ED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL TI	HICH THIS
NSR TYPE OF INSURANCE INSD WVD POLICY NUMBER	POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS	
A COMMERCIAL GENERAL LIABILITY SI8GL01851-211	9/1/2021 9/1/2022 EACH OCCURRENCE \$\$1,000	0,000
CLAIMS-MADE ✓ OCCUR	DAMAGE TO RENTED PREMISES (Ea occurrence) \$\$300,	000

LTR	LTR TYPE OF INSURANCE			WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
Α	1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
								MED EXP (Any one person)	\$ Excluded
								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			SI8GL01851-211	9/1/2021	9/1/2022	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			SI8EX01724-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,000,000
	1	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$\$5,000,000
		DED RETENTION \$							\$
		KERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Mar	datory in NH)						E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Par	icipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000	

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 & Michigan Youth Soccer League 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
FAITH LUTHERAN CHURCH 37635 DEQUINDRE RD TROY MI 48083	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



9/9/2021

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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 lieu of	such endorsement(s).						
PRODUCER USI Insurance Services NW	CONTACT NAME:						
601 Union Street, Suite 1000	PHONE (A/C, No, Ext): 206-441-6300 (A/C, No):						
Seattle, WA 98101	E-MAIL ADDRESS:						
	INSURER(S) AFFORDING COVERAGE	NAIC#					
	INSURER A: Everest National Insurance Company	10120					
INSURED	INSURER B: QBE Insurance Corporation 39217						
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:						
Plymouth MI 48170	INSURER D:						
•	INSURER E :						
	INSURER F:						
COVERAGES CERTIFICATE NUMBER: 63796332	REVISION NUMBER:						
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW H.							
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFOR							
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			ENVITO ONO WIT WINT TINVE BEENT		DOLLOW EVE		
	TYPE OF INSURANCE			POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	s
1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
	CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
							MED EXP (Any one person)	\$ Excluded
							PERSONAL & ADV INJURY	\$\$1,000,000
GEN							GENERAL AGGREGATE	\$\$5,000,000
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$\$1,000,000
	OTHER:						Participant Legal Liabi	\$\$1,000,000
AUT	OMOBILE LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
	ANY AUTO						BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
/	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB ✓ OCCUR			SI8EX01724-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,000,000
1	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$\$5,000,000
	DED RETENTION \$							\$
	EMPLOYEDS! LIABILITY						PER OTH- STATUTE ER	
ANYF	PROPRIETOR/PARTNER/EXECUTIVE T N	N / A					E.L. EACH ACCIDENT	\$
(Man	ndatory in NH)	117.2					E.L. DISEASE - EA EMPLOYEE	\$
If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
Part	ticipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000	
	GEN WORAND OFFI (Mar If yee	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCY LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY UMBRELLA LIAB UMBRELLA LIAB CCUR CLAIMS-MADE	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- DIECT OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY UMBRELLA LIAB V OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	TYPE OF INSURANCE TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY CLAIMS-MADE CCAIMS-MADE CC	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY CLAIMS-MADE CCAIMS-MADE N/A WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE (Mandatory in NH) If yes, describe under CDESCRIPTION OF OPERATIONS below	TYPE OF INSURANCE TYPE OF INSURANCE ADDL SUBR INSUR WYD POLICY NUMBER POLICY NUMBER POLICY NUMBER POLICY SIBGLO1851-211 9/1/2021 GEN'L AGGREGATE LIMIT APPLIES PER: POLICY JECT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY AUTOS ONLY AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY UMBRELLA LIAB VOCCUR CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY ANY POPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	TYPE OF INSURANCE INSU WYD POLICY NUMBER (MM/DD/YYYY) POLICY EXP (MM/DD/YYYYY) POLICY EXP (MM/DD/YYYYY) POLICY EXP (MM/DD/YYYYY) POLICY EXP (MM/DD/YYYYY) POLICY EXP (MM/DD/YY	TYPE OF INSURANCE ADDI. SURP. POLICY EFF. (MM/DD/YYY) (MM/DD/YY) (MM/DD/YY) (MM/DD/YYY) (MM/DD/YY) (MM/

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 & Michigan Youth Soccer League 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
FARMSTEAD PARK 12112 CLINTON RIVER RD Sterling Heights MI 48312	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) 9/9/2021

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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 this certificate does not confer rights to						require an endo	rsement	. A sta	atement on
PRODUCER USI Insurance Services N			CONTACT NAME:		•				
l 601 Union Street, Suite 10	PHONE (A/C, No, E	S	206-441-6300		FAX				
Seattle, WA 98101			E-MAIL ADDRESS:	<u>:xt): </u>	200-441-0300		(A/C, No):		
			ADDRESS.		LIRER(S) AFFOR	DING COVERAGE			NAIC#
			INSLIDED /			rance Company			10120
INSURED					surance Corpo				39217
Michigan State Youth Soccer Ass	ociation		INSURER		dianoc corp.	oration			00217
9401 General Drive, Suite 120 Plymouth MI 48170			INSURER D						
Flymouth wil 46170			INSURER E						
			INSURER F						
COVERAGES CER	TIFICAT	E NUMBER: 63796333	INSUREKT			REVISION NUM	IBER:		
THIS IS TO CERTIFY THAT THE POLICIES			VE BEEN	ISSUED TO				HE POLI	CY PERIOD
INDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY									
EXCLUSIONS AND CONDITIONS OF SUCH						D HEREIN IS SUE	DJECT IC	ALL I	HE TERIVIS,
INSR LTR TYPE OF INSURANCE	ADDL SUBI	POLICY NUMBER	F (M	POLICY EFF MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	s	
A / COMMERCIAL GENERAL LIABILITY		SI8GL01851-211)/1/2021	9/1/2022	EACH OCCURRENC		\$\$1,00	0,000
CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTE PREMISES (Ea occu	D rrence)	\$\$300,	,000
						MED EXP (Any one p		\$ Exclu	ded
						PERSONAL & ADV II	NJURY	\$\$1,00	0,000
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREG	ATE	\$\$5,00	0,000
POLICY PRO- JECT LOC						PRODUCTS - COMP	/OP AGG	\$\$1,00	0,000
OTHER:						Participant Lega		\$\$1,00	0,000
A AUTOMOBILE LIABILITY		SI8GL01851-211	9.)/1/2021	9/1/2022	COMBINED SINGLE (Ea accident)	LIMIT	\$\$1,00	0,000
ANY AUTO						BODILY INJURY (Pe	r person)	\$	·
OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Pe	r accident)	\$	
HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAG (Per accident)	E	\$	
						,		\$	
UMBRELLA LIAB ✓ OCCUR		SI8EX01724-211	9.)/1/2021	9/1/2022	EACH OCCURRENC	E	\$\$5,00	0,000
✓ EXCESS LIAB CLAIMS-MADE						AGGREGATE		\$\$5,00	0,000
DED RETENTION \$								\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE	OTH- ER		
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDEN	IT	\$	
(Mandatory in NH)						E.L. DISEASE - EA E	MPLOYEE	\$	
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLI	CY LIMIT	\$	
B Participant Accident Medical		UBH000005	9.	9/1/2021	9/1/2022	\$100,000			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACOR	D 101, Additional Remarks Schedul	le, may be at	ttached if more	e space is require	ed)			
This certificate is issued on behalf of Mich									
Certificate holder is Additional Insured as roof the state association. Waiver of Subroga	espects the	he operations of the Named	l Insured f	for sanction	ed activities				
or the state association. Walver of Sublog.	αιιστι αμμι	ies when required by Willer	i contract.	•					
CERTIFICATE HOLDER				I I ATION					

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE FIELD OF DREAMS 3383 W. THOMPSON RD FENTON MI 48430 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) 9/9/2021

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

	SUBROGATION IS WAIVED, subject is certificate does not confer rights to							equire an endorsement	. A sta	atement on
_	DUCER USI Insurance Services N		. 0011	moute notice in nea or se	CONTAC		•			
601 Union Street, Suite 1000					NAME: PHONE PAX					
Seattle, WA 98101						,	06-441-6300	(A/C, No):		
	·				ADDRES					
						INS	URER(S) AFFOR	DING COVERAGE		NAIC #
					INSURE	RA: Everest	National Insu	rance Company		10120
INSU	red Iichigan State Youth Soccer Asso	nciat	tion		INSURE	кв: QBE Ins	urance Corpo	oration		39217
9	401 General Drive. Suite 120	Julai	lion		INSURE	RC:				
P	lymouth MI 48170				INSURE	RD:				
					INSURE	RE:				
					INSURE	RF:				
CO	VERAGES CER	TIFIC	CATE	NUMBER: 63796334				REVISION NUMBER:		
IN CI EX	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY INCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT POLIC	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF ANY	CONTRACT THE POLICIES	OR OTHER DESCRIBED	OCUMENT WITH RESPEC	CT TO \	WHICH THIS
INSR LTR	TYPE OF INSURANCE		WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	s	
Α	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,00	00,000
	CLAIMS-MADE ✓ OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300	,000
								MED EXP (Any one person)	\$ Exclu	ıded
								PERSONAL & ADV INJURY	\$\$1,00	00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$\$5,00	00,000
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$\$1,00	00,000
	OTHER:							Participant Legal Liabi	\$\$1,00	00,000
Α	AUTOMOBILE LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,00	00,000
	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			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,00	00,000
	✓ EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$\$5,00	00,000
	DED RETENTION \$								\$,
	WORKERS COMPENSATION							PER OTH- STATUTE ER		
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBEREXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	-	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
В	Participant Accident Medical			UBH000005		9/1/2021	9/1/2022	\$100,000	*	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	.ES (A	ACORD	101, Additional Remarks Schedu	le, may be	attached if more	space is require	ed)		
This certificate is issued on behalf of Michigan State Youth Soccer Association & Michigan Youth Soccer League 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.										
CE	RTIFICATE HOLDER				CANO	ΕΙΙΔΤΙΩΝ				
CEI	RTIFICATE HOLDER				CANU	ELLATION				
S	ire Station No. 2 occer Field(s) 600 Livernois				THE	EXPIRATION	DATE THE	ESCRIBED POLICIES BE CA REOF, NOTICE WILL E Y PROVISIONS.		
Troy MI 48098				AUTHORIZED REPRESENTATIVE						

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Gary D. Putterson



DATE (MM/DD/YYYY) 9/9/2021

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 to the terms and conditions of th	ne policy, certain p	olicies may ı	require an endorsement.	A statement on
th	nis certificate does not confer rights to the certificate holder in lieu of su		s).		
PROI	DUCER USI Insurance Services NW	CONTACT NAME:			
	601 Union Street, Suite 1000		206-441-6300	FAX (A/C, No):	
	Seattle, WA 98101	E-MAIL ADDRESS:			
		INS	SURER(S) AFFOR	RDING COVERAGE	NAIC#
		INSURER A: Everest	National Insu	rance Company	10120
INSU	·· ·	INSURER B: QBE Ins	surance Corp	oration	39217
IVI Q∠	lichigan State Youth Soccer Association 401 General Drive, Suite 120	INSURER C :			
	lymouth MI 48170	INSURER D :			
		INSURER E :			
		INSURER F:			
CO	VERAGES CERTIFICATE NUMBER: 63796335			REVISION NUMBER:	
	HIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE				
	IDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION ERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDI				
	XCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE				ALL THE TERMS,
INSR LTR	TYPE OF INSURANCE ADDL SUBR INSD WVD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	i
Α	✓ COMMERCIAL GENERAL LIABILITY SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE S	\$\$1,000,000
				DAMAGE TO RENTED	±

LIK		THEOFINOOIDANOL	INSD	WVD	PULICT NUMBER	(IVIIVI/DD/TTTT)	(IVIIVI/DD/TTTT)	EIIII I	<u> </u>
Α	/	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
								MED EXP (Any one person)	\$ Excluded
								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			SI8GL01851-211	9/1/2021	9/1/2022	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			SI8EX01724-211	9/1/2021	9/1/2022	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)						E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Par	ticipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000	

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 & Michigan Youth Soccer League 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
Firefighter's Park Fields 1-9 1800 West Square Lake Road Troy MI 48098	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) 9/9/2021

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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).

	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).											
					CONTA NAME:	СТ						
	601 Union Street, Suite 1000						o, Ext):	206-441-6300		FAX (A/C, No):		
		Seattle, WA 98101				E-MAIL ADDRE				, , , ,		
							INS	SURER(S) AFFOR	DING COVERAGE		NAIC#	
						INSURE	RA: Everest	National Insu	rance Company		10120	
INSU						INSURE	RB: QBE Ins	surance Corp	oration		39217	
Michigan State Youth Soccer Association 9401 General Drive, Suite 120				INSURER C:								
		nouth MI 48170				INSURER D :						
	•					INSURER E :						
						INSURE	RF:					
CO	VEI	RAGES CER	TIFIC	CATE	NUMBER: 63796336				REVISION NUM	IBER:		
ı		IS TO CERTIFY THAT THE POLICIES										
		ATED. NOTWITHSTANDING ANY RE										
	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.											
ı						BEEN F						
INSR LTR		TYPE OF INSURANCE		SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS		
Α	1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENC	E S	\$1,000,000	

LTR	TYPE OF INSURANCE			WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
Α	<	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
								MED EXP (Any one person)	\$ Excluded
								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			SI8GL01851-211	9/1/2021	9/1/2022	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			SI8EX01724-211	9/1/2021	9/1/2022	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 Y / N	N/A					E.L. EACH ACCIDENT	\$
	(Man	CER/MEMBEREXCLUDED?	117.2					E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Pari	ticipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000	

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 & Michigan Youth Soccer League 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
First Baptist Church of Mt. Clemens 44000 North Avenue Clinton Township MI 48036	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) 9/9/2021

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this certificate does not comer rights to the certificate noticer in fled of such endorsement(s).									
PRODUCER USI Insurance Service	ces NW	CONTACT NAME:							
601 Union Street, Su	uite 1000	PHONE (A/C, No, Ext):	206-441-6300	FAX (A/C, No):					
Seattle, WA 98101		E-MAIL ADDRESS:							
			INSURER(S) AFFORDING COVERA	GE	NAIC#				
		INSURER A : Eve	any	10120					
INSURED	cer Association	INSURER B: QBE		39217					
Michigan State Youth Socce 9401 General Drive, Suite 1		INSURER C :							
Plymouth MI 48170	20	INSURER D :							
,		INSURER E :							
		INSURER F:							
COVERAGES	CERTIFICATE NUMBER: 63796337		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.

		OCCUPATION OF COOL		ENVITO OF OVER WINCE THE BELLET		7 (ID OL/ (IIVIO.		
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		SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
							MED EXP (Any one person)	\$ Excluded
							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		SI8GL01851-211	9/1/2021	9/1/2022	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		SI8EX01724-211	9/1/2021	9/1/2022	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	datory in NH)	147.4				E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
В	Part	icipant Accident Medical		UBH000005	9/1/2021	9/1/2022	\$100,000	·

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 & Michigan Youth Soccer League 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
FIRST PRESBYTERIAN CHURCH OF NORTHVILLE 200 E. MAIN ST. 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
	Gary D. Patterson
	Gary Patterson



DATE (MM/DD/YYYY) 9/9/2021

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	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).									
PROI	DUCER USI Insurance Services N	IW			CONTA NAME:	СТ				
	601 Union Street, Suite 1				PHONE (A/C, No		206-441-6300) FAX (A/C, No):		
	Seattle, WA 98101				E-MAIL ADDRE	SS:				
						INS	SURER(S) AFFOR	RDING COVERAGE	N	IAIC#
					INSURE	RA: Everest	National Insu	irance Company	10	120
INSU					INSURE	RВ: QBE Ins	surance Corp	oration	392	217
Michigan State Youth Soccer Association 9401 General Drive, Suite 120					INSURER C:					
	ymouth MI 48170				INSURER D:					
					INSURER E:					
					INSURE	RF:				
CO	/ERAGES CE	RTIFIC	CATE	NUMBER: 63796338				REVISION NUMBER:		
	IIS IS TO CERTIFY THAT THE POLICIE DICATED. NOTWITHSTANDING ANY F									
_	ERTIFICATE MAY BE ISSUED OR MAY		,						ALL THE T	ERMS,
	CLUSIONS AND CONDITIONS OF SUCH		SUBR		BEEN	POLICY EFF	POLICY EXP			
INSR LTR	TYPE OF INSURANCE		WVD				(MM/DD/YYYY)	LIMIT	3	
Α	✓ COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022		\$\$1,000,000)
		1				1	I	DAMAGE TO RENTED		

LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS		
Α	1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE DAMAGE TO RENTED	\$\$1,000,000	
1		CLAIMS-MADE ✓ OCCUR						PREMISES (Ea occurrence)	\$\$300,000	
								MED EXP (Any one person)	\$ Excluded	
								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			SI8GL01851-211	9/1/2021	9/1/2022	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			SI8EX01724-211	9/1/2021	9/1/2022	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 7/N	N/A					E.L. EACH ACCIDENT	\$	
	(Mar	ICER/MEMBEREXCLUDED?	117.74					E.L. DISEASE - EA EMPLOYEE	\$	
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
В	Par	ticipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000		

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

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CERTIFICATE HOLDER	CANCELLATION
Flickenger Elementary 4540 Vanker Sterling Heights MI 48310	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)

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this certificate does not confer rights to the certificate holder in lieu of si		atomont on					
PRODUCER USI Insurance Services NW	CONTACT NAME:						
601 Union Street, Suite 1000	PHONE (A/C, No, Ext): 206-441-6300 (A/C, No):						
Seattle, WA 98101	E-MAIL ADDRESS:						
	INSURER(S) AFFORDING COVERAGE NA						
	INSURER A: Everest National Insurance Company	10120					
INSURED	INSURER B: QBE Insurance Corporation 392						
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:						
Plymouth MI 48170	INSURER D:						
,	INSURER E :						
	INSURER F:						
COVERAGES CERTIFICATE NUMBER: 63796339	REVISION NUMBER:						
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA							
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		THE TERMO,					

LTR				WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	s
Α	/	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE DAMAGE TO RENTED	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						PREMISES (Ea occurrence)	\$\$300,000
								MED EXP (Any one person)	\$ Excluded
								PERSONAL & ADV INJURY	\$\$1,000,000
	GEI	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$\$5,000,000
		POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$\$1,000,000
		OTHER:						Participant Legal Liabi	\$\$1,000,000
Α	ΑU	TOMOBILE LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	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			SI8EX01724-211	9/1/2021	9/1/2022	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 ICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Mai	ndatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$
	If ye DES	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Par	ticipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000	·

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 & Michigan Youth Soccer League 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
Flynn Middle School 2899 Fox Hill Drive Sterling Heights MI 48310	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
	dary ratiosom



DATE (MM/DD/YYYY) 9/9/2021

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.

	SUBROGATION IS WAIVED, subjec is certificate does not confer rights							require an endorsement	. A st	atement on	
_	DUCER USI Insurance Services N		, 0011	inicate noider in nea or se	CONTACT						
	601 Union Street, Suite 1	200			NAME: PHONE	PHONE FAX					
	Seattle, WA 98101				(A/C, No, Ext): 206-441-6300 (A/C, No): E-MAIL ADDRESS:						
								NAIC#			
			INCLIDE			rance Company		10120			
INSU	RED						surance Corp			39217	
M	ichigan State Youth Soccer Ass		INSURE		surance corp	oration					
8	101 General Drive, Suite 120 ymouth MI 48170				INSURE						
「	ymouth wir 46170				INSURE						
					INSURE						
CO	/ERAGES CER	RTIFIC	CATI	E NUMBER: 63796340	INSUKL	Kr.		REVISION NUMBER:			
_	IIS IS TO CERTIFY THAT THE POLICIES				VE BEE	N ISSUED TO			HE POL	ICY PERIOD	
CI	DICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY (CLUSIONS AND CONDITIONS OF SUCH	PERT	AIN,	THE INSURANCE AFFORDI	ED BY	THE POLICIE	S DESCRIBE	D HEREIN IS SUBJECT TO			
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
Α	✓ COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,00	00,000	
	CLAIMS-MADE ✓ OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300		
								MED EXP (Any one person)	\$ Exclu	,	
								PERSONAL & ADV INJURY	\$\$1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$\$5,00	00,000	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$\$1,00	00,000	
	OTHER:							Participant Legal Liabi	\$\$1,00	00,000	
Α	AUTOMOBILE LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,00	00,000	
	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			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,00	00,000	
	✓ EXCESS LIAB CLAIMS-MADE	:						AGGREGATE	\$\$5,00	00,000	
	DED RETENTION \$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
	ANYPROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBEREXCLUDED? (Mandatory in NH)	11/ A						E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
В	Participant Accident Medical			UBH000005		9/1/2021	9/1/2022	\$100,000			
DES	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORE	0 101, Additional Remarks Schedu	le, may b	e attached if mor	re space is requir	ed)			
l _{Th} i	s certificate is issued on behalf of Micl	nigan	State	Youth Soccer Association	& Michi	igan Youth So	occer League				
Ce	tificate holder is Additional Insured as	respe	cts th	ne operations of the Named	Insure	d for sanctior					
OT	he state association. Waiver of Subrog	ation	арріі	es when required by writter	1 contra	act.					
CEI	RTIFICATE HOLDER				CANO	CELLATION					
					6116	NII D ANY OF	TUE ABOVE 5	ESCRIBED POLICIES BE CA	ANCE: .	ED BEFORE	
Į Ęl	ynn Soccer Field							EREOF, NOTICE WILL E			
	Amherst easant Ridge MI 48069				ACC	ORDANCE W	ITH THE POLIC	CY PROVISIONS.			
1	oacant mage wit 70000				I						

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Gary D. Putterson

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

tilis certificate does flot collier	this certificate does not comer rights to the certificate holder in ned of such endorsement(s).								
PRODUCER USI Insurance Serv	rices NW	CONTACT NAME:							
601 Union Street, S	uite 1000	PHONE (A/C, No, Ext):	206-441-6300	FAX (A/C, No):					
Seattle, WA 98101		E-MAIL ADDRESS:							
			NAIC#						
		INSURER A : Eve	10120						
INSURED	er Association	INSURER B: QB	39217						
Michigan State Youth Soco 9401 General Drive, Suite		INSURER C:							
Plymouth MI 48170	120	INSURER D :							
•		INSURER E :							
		INSURER F:							
COVERAGES	CERTIFICATE NUMBER: 63796341		REVISI	ON 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		SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
							MED EXP (Any one person)	\$ Excluded
							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		SI8GL01851-211	9/1/2021	9/1/2022	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		SI8EX01724-211	9/1/2021	9/1/2022	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 T N	N/A				E.L. EACH ACCIDENT	\$
	OFFICER/MEMBEREXCLUDED? (Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
В	Par	ticipant Accident Medical		UBH000005	9/1/2021	9/1/2022	\$100,000	

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

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CERTIFICATE HOLDER	CANCELLATION
Ford Motor Company (Soccer Field Area) 41111 Van Dyke Sterling Heights MI 48314	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)

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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).

is 30BROGATION 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 s	· · · · · · · · · · · · · · · · · · ·						
PRODUCER USI Insurance Services NW	CONTACT NAME:						
601 Union Street, Suite 1000	PHONE (A/C, No, Ext): 206-441-6300 FAX (A/C, No):						
Seattle, WA 98101	E-MAIL ADDRESS:						
	INSURER(S) AFFORDING COVERAGE	NAIC#					
	INSURER A: Everest National Insurance Company	10120					
INSURED	INSURER B: QBE Insurance Corporation 39217						
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:						
Plymouth MI 48170	INSURER D:						
,	INSURER E:						
	INSURER F:						
COVERAGES CERTIFICATE NUMBER: 63796342	REVISION NUMBER:						
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA	VE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POL	CY PERIOD					
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION	OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO \	VHICH THIS					
CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORD	ED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL T	HE TERMS,					
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE	BEEN REDUCED BY PAID CLAIMS.						
INCO ADDI CUED	DOLICY EEE DOLICY EVD						

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		SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
							MED EXP (Any one person)	\$ Excluded
							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		SI8GL01851-211	9/1/2021	9/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
		ANY AUTO					BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	/	AUTOS ONLY NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
								\$
		UMBRELLA LIAB ✓ OCCUR		SI8EX01724-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,000,000
	1	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$\$5,000,000
		DED RETENTION \$						\$
		KERS COMPENSATION EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
		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	Part	icipant Accident Medical		UBH000005	9/1/2021	9/1/2022	\$100,000	

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

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CERTIFICATE HOLDER	CANCELLATION
Francis A. Higgins Elementary School 29901 24 Mile Road Chesterfield MI 48051	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)

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this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).									
PRODUCER USI Insurance Ser	vices NW	CONTACT NAME:							
601 Union Street,	Suite 1000	PHONE (A/C, No, Ext):	206-441-6300	FAX (A/C, No):					
Seattle, WA 98101		E-MAIL ADDRESS:							
			INSURER(S) AFFORDING COVERAGE		NAIC#				
		INSURER A : Ever	rest National Insurance Company	,	10120				
INSURED		INSURER B: QBE	Insurance Corporation		39217				
Michigan State Youth Soc 9401 General Drive, Suite	cer Association	INSURER C:							
Plymouth MI 48170	5 120	INSURER D :							
		INSURER E :			1				
		INSURER F:							
COVERAGES	CERTIFICATE NUMBER: 63796343		REVISION NU	MBER:					
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD									
	G ANY REQUIREMENT, TERM OR CONDITION OR MAY PERTAIN THE INSURANCE AFFORD								
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 SUBR INSD WVD POLICY EFF POLICY EXP (MM/DD/YYYY) INSR LTR TYPE OF INSURANCE POLICY NUMBER Α **COMMERCIAL GENERAL LIABILITY** SI8GL01851-211 9/1/2021 9/1/2022 EACH OCCURRENCE DAMAGE TO RENTED \$\$1,000,000 CLAIMS-MADE ✓ OCCUR \$\$300,000 PREMISES (Ea occurrence) MED EXP (Any one person) \$ Excluded \$\$1,000,000 PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$\$5,000,000 PRO-JECT POLICY LOC PRODUCTS - COMP/OP AGG \$\$1,000,000 \$\$1,000,000 OTHER: Participant Legal Liabi COMBINED SINGLE LIMIT (Ea accident) Α **AUTOMOBILE LIABILITY** SI8GL01851-211 9/1/2021 9/1/2022 \$\$1,000,000 ANY AUTO BODILY INJURY (Per person) SCHEDULED AUTOS NON-OWNED OWNED AUTOS ONLY HIRED BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTOS ONLY **AUTOS ONLY** UMBRELLA LIAB SI8EX01724-211 9/1/2021 9/1/2022 / OCCUR EACH OCCURRENCE \$\$5,000,000 **EXCESS LIAB** CLAIMS-MADE **AGGREGATE** \$\$5,000,000 DED RETENTION \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? 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 UBH000005 9/1/2021 9/1/2022 Participant Accident Medical \$100,000

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

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CERTIFICATE HOLDER	CANCELLATION
FRASER HIGH SCHOOL (TURF FIELD) 34270 GARFIELD ROAD Fraser MI 48026	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. Putturson
	Gary Patterson



DATE (MM/DD/YYYY)

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the nolicy(les) must have ADDITIONAL INSURED provisions or be endorsed

If SUBROGATION IS WAIVED, subject this certificate does not confer rights t	to the	terms and conditions of th	ne polic	cy, certain p	olicies may ı			. A sta	atement on
PRODUCER USI Insurance Services N			CONTA NAME:	СТ	,				
601 Union Street, Suite 10	PHONE		206 441 6200		FAX				
Seattle, WA 98101		PHONE (A/C, No, Ext): 206-441-6300 FAX (A/C, No): E-Mall Address:							
				INS	SURER(S) AFFOR	DING COVERAGE			NAIC#
			INSURE	RA: Everest	National Insu	rance Company			10120
INSURED					surance Corp				39217
Michigan State Youth Soccer Asso	ociatio	n	INSURE						002.7
9401 General Drive, Suite 120 Plymouth MI 48170			INSURE						
l Tyrriodii ivii 40170			INSURE						
COVERAGES CER	TIFICA	TE NUMBER: 63796344	INSURE	KF:		REVISION NUM	IRED:		
THIS IS TO CERTIFY THAT THE POLICIES			VF RFF	N ISSUED TO				HE POLI	CY PERIOD
INDICATED. NOTWITHSTANDING ANY RE	QUIREM	MENT, TERM OR CONDITION	OF AN	Y CONTRACT	OR OTHER I	DOCUMENT WITH	RESPEC	CT TO V	VHICH THIS
CERTIFICATE MAY BE ISSUED OR MAY							BJECT TO	O ALL T	HE TERMS,
EXCLUSIONS AND CONDITIONS OF SUCH			BEEN	POLICY EFF	POLICY EXP				
	ADDL SUI			(MM/DD/YYYY)	(MM/DD/YYYY)		LIMIT		
A COMMERCIAL GENERAL LIABILITY		SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE DAMAGE TO RENTE		\$\$1,00	•
CLAIMS-MADE ✓ OCCUR						PREMISES (Ea occu	irrence)	\$\$300,	
						MED EXP (Any one)	person)	\$ Exclu	ded
						PERSONAL & ADV I	NJURY	\$\$1,00	0,000
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREG	ATE	\$\$5,00	0,000
POLICY PRO- JECT LOC						PRODUCTS - COMP	P/OP AGG	\$\$1,00	0,000
OTHER:						Participant Lega	l Liabi	\$\$1,00	0,000
A AUTOMOBILE LIABILITY		SI8GL01851-211		9/1/2021	9/1/2022	COMBINED SINGLE (Ea accident)	LIMIT	\$\$1,00	0,000
ANY AUTO						BODILY INJURY (Pe	er person)	\$	
OWNED SCHEDULED AUTOS ONLY AUTOS						BODILY INJURY (Pe		\$	
HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAG (Per accident)	E	\$	
						,		\$	
UMBRELLA LIAB ✓ OCCUR		SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURRENC	E	\$\$5,00	0,000
✓ EXCESS LIAB CLAIMS-MADE						AGGREGATE		\$\$5,00	00,000
DED RETENTION \$								\$	
WORKERS COMPENSATION						PER STATUTE	OTH- ER		
AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDEN		\$	
OFFICER/MEMBEREXCLUDED? (Mandatory in NH)	N/A					E.L. DISEASE - EA E			
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POL		-	
B Participant Accident Medical		UBH000005		9/1/2021	9/1/2022	\$100,000	IOT EIIVIIT	Ψ	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (ACO	RD 101. Additional Remarks Schedu	le. mav b	e attached if mor	e space is require	ed)			
	·					,			
This certificate is issued on behalf of Mich Certificate holder is Additional Insured as r	igan Sta	te Youth Soccer Association	& Michi	igan Youth Sc	occer League				
of the state association. Waiver of Subroga					ieu activities				
_									
0557550475 1101 555			0.000	NELL 4 E1011					
CERTIFICATE HOLDER			CANC	CELLATION					
			SHC	OULD ANY OF	THE ABOVE D	ESCRIBED POLIC	IES BE CA	ANCELL	ED BEFORE
Fraser Public Schools 33466 Garfield						REOF, NOTICE	WILL E	BE DEL	IVERED IN
Fraser MI 48026			ACC	ORDANCE WI	IIT INE POLIC	Y PROVISIONS.			
			AUTHO	RIZED REPRESE	NTATIVE				
			~~	NEF NEGE		Ware 10	0-	tarant.	n.
			I		*	fary D.	inu	e to t	N

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Gary Patterson



DATE (MM/DD/YYYY) 9/9/2021

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

							rms and conditions of the				require an endorse	ment.	A sta	atement on
PRO	DUCE		า St	e Services N reet, Suite 10 8101				CONTAI NAME: PHONE (A/C, No	o, Ext): 2	206-441-6300	(A/G	X C, No):		
					E-MAIL ADDRE									
										, ,	RDING COVERAGE			NAIC#
INSU	RED								RA: Everest		rance Company			10120 39217
l M	ichi	igan State Yo	outh	Soccer Ass	ocia	tion		INSURE		surance Corp	oration			39217
		Ğeneral Dri outh MI 481		Suite 120				INSURE						
'	yııı	Outilivii 401	70					INSURE						
								INSURE						
CO	/ER	AGES		CER	TIFIC	CATE	E NUMBER: 63796345				REVISION NUMBE	ER:		
IN CI EX	DICA ERTI (CLU	ATED. NOTWIT FICATE MAY B	HST E IS	ANDING ANY RE SUED OR MAY	EQUIF PERT POLI	REME AIN, CIES.	RANCE LISTED BELOW HA NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN'	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RI D HEREIN IS SUBJE	ESPEC	T TO \	WHICH THIS
INSR LTR		TYPE OF I	NSUF	RANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	;	
Α	/	COMMERCIAL GE	Г				SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE DAMAGE TO RENTED		· ,	00,000
		CLAIMS-MAI	DE [✓ OCCUR							PREMISES (Ea occurren		\$\$300	<i></i>
											MED EXP (Any one perso		\$ Exclu	
		 N'L AGGREGATE LI	NAIT A	DDI IEC DED.						PERSONAL & ADV INJU GENERAL AGGREGATE		\$ \$ 1,00 \$ \$5,00	00,000	
	GEI		RO- CT	LOC							PRODUCTS - COMP/OP			00,000
		OTHER:	:01							Participant Legal Liabi \$\$1,000			· ·	
Α	AUT	OMOBILE LIABILIT	Υ				SI8GL01851-211		9/1/2021	9/1/2022	COMBINED SINGLE LIM (Ea accident)	UT		00,000
		ANY AUTO		1							BODILY INJURY (Per pe	rson)	\$	
		OWNED AUTOS ONLY		SCHEDULED AUTOS NON-OWNED							BODILY INJURY (Per ac		\$	
	✓	HIRED AUTOS ONLY	/	AUTOS ONLY							PROPERTY DAMAGE (Per accident)		\$ \$	
		UMBRELLA LIAB		✓ OCCUR			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURRENCE			00,000
	/	EXCESS LIAB	f	CLAIMS-MADE							AGGREGATE		· ,	00,000
		DED RETE	ENTIC								7.OOREO/RE		\$	50,000
		RKERS COMPENSA	TION								PER C STATUTE E	OTH- ER		
	ANY	EMPLOYERS' LIAE PROPRIETOR/PART	NER/	EXECUTIVE TO N	N/A						E.L. EACH ACCIDENT		\$	
	(Mar	ICER/MEMBEREXC	LUDE	D?	N/A						E.L. DISEASE - EA EMPI	LOYEE	\$	
	DÉS	s, describe under CRIPTION OF OPE									E.L. DISEASE - POLICY	LIMIT	\$	
В	Part	ticipant Accider	nt Me	edical			UBH000005		9/1/2021	9/1/2022	\$100,000			
Thi Ce	s ce rtific	rtificate is issue ate holder is Ac	ed oi	n behalf of Mich onal Insured as r	igan espe	State cts th	o 101, Additional Remarks Schedu Youth Soccer Association to operations of the Named es when required by written	& Michi I Insure	igan Youth So d for sanction	ccer League	ed)			

CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE FRIENDSHIP PARK 3380 W. CLARKSTON RD LAKE ORION MI 48362 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) 9/9/2021

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.

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If SUBROGATION IS WAIVED, subject to the terms and conditions of the this certificate does not confer rights to the certificate holder in lieu of s								require an endorsement	. Ast	atement on	
_	DUCER USI Insurance Services N				CONTACT						
	601 Union Street, Suite 10				NAME: PHONE (A/C, No, Ext): 206-441-6300 (A/C, No):						
Seattle, WA 98101						(A/C, No, Ext): 206-441-6300 (A/C, No): E-MAIL ADDRESS:					
	,				ADDRE						
						INS	SURER(S) AFFOR	RDING COVERAGE		NAIC #	
					INSURE	RA: Everest	National Insu	rance Company		10120	
INSU		: _:			INSURE	кв: QBE Ins	surance Corp	oration		39217	
l N	ichigan State Youth Soccer Ass 101 General Drive, Suite 120	ocia	tion		INSURE	RC:					
Ϊ́	ymouth MI 48170				INSURE	RD:					
'	yc				INSURE	RE:					
					INSURE						
CO	/ERAGES CER	TIFIC	CΔTF	NUMBER: 63796346	INCORE			REVISION NUMBER:			
	IIS IS TO CERTIFY THAT THE POLICIES				/F BFF	N ISSUED TO			IF POI	ICY PERIOD	
	DICATED. NOTWITHSTANDING ANY RE										
	ERTIFICATE MAY BE ISSUED OR MAY								ALL 7	HE TERMS,	
	CLUSIONS AND CONDITIONS OF SUCH				BEEN F	POLICY EFF	PAID CLAIMS. POLICY EXP				
INSR LTR	TYPE OF INSURANCE	INSD	SUBR WVD			(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S		
Α	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,00	00,000	
	CLAIMS-MADE ✓ OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300	,000	
								MED EXP (Any one person)	\$ Exclu	ided	
								PERSONAL & ADV INJURY	\$\$1,00	00,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$\$5.00		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$\$1,000,000		
								Participant Legal Liabi	\$\$1,00		
Α	OTHER: AUTOMOBILE LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	COMBINED SINGLE LIMIT	\$\$1,00		
^`	ANY AUTO			Clode 1001 211		0/1/2021	O/ I/EOEE	(Ea accident) BODILY INJURY (Per person)	\$ 1,00	00,000	
	OWNED SCHEDULED							` ' '			
	AUTOS ONLY AUTOS NON-OWNED							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
									\$		
	UMBRELLA LIAB ✓ OCCUR			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,00	00,000	
	✓ EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$\$5,00	00,000	
	DED RETENTION \$								\$		
	WORKERS COMPENSATION							PER OTH- STATUTE ER			
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBEREXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT			
В	Participant Accident Medical			UBH000005		9/1/2021	9/1/2022	\$100,000	Ψ		
								, , , , , , , , , , , , , , , , , , , ,			
D===	PRINTION OF OREDATIONS (1.004-710)	 		Add Additional P							
DES	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORD	101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requir	ea)			
	s certificate is issued on behalf of Mich										
Ce	rtificate holder is Additional Insured as r he state association. Waiver of Subrog	espe	cts th	e operations of the Named	Insure	d for sanction	ed activities				
011	ne state association. Waiver of Subroga	alion	appli	es when required by whiter	CONTR	iCi.					
1											
CEI	RTIFICATE HOLDER				CANO	CELLATION					
_	ıhrman							ESCRIBED POLICIES BE CA			
	uhrman 155 Fourteen Mile Road							EREOF, NOTICE WILL E	BE DEI	IVERED IN	
∣ š	Sterling Heights MI 48312					ACCORDANCE WITH THE POLICY PROVISIONS.					

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Gary D. Putterson

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.

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this certificate does not confer rights to the certificate holder in lieu o		itement on				
PRODUCER USI Insurance Services NW	CONTACT NAME:					
601 Union Street, Suite 1000	PHONE (A/C, No, Ext): 206-441-6300 FAX (A/C, No):					
Seattle, WA 98101	E-MAIL ADDRESS:					
	INSURER(S) AFFORDING COVERAGE	NAIC#				
	INSURER A: Everest National Insurance Company	10120				
INSURED	INSURER B: QBE Insurance Corporation	39217				
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:					
Plymouth MI 48170	INSURER D:					
•	INSURER E :					
	INSURER F:					
COVERAGES CERTIFICATE NUMBER: 63796347	7 REVISION NUMBER:					
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW						
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFO						
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HA						
INSR ADDL SUBR	POLICY EFF POLICY EXP					

INSR LTR	TYPE OF INSURANCE		ADDL SI	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	1	COMMERCIAL GENERAL LIABILITY		SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
							MED EXP (Any one person)	\$ Excluded
							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	AU	TOMOBILE LIABILITY		SI8GL01851-211	9/1/2021	9/1/2022	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		SI8EX01724-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,000,000
	1	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	\$
	(Mai	ndatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$
	If ye DES	s, describe under CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
В	Par	ticipant Accident Medical		UBH000005	9/1/2021	9/1/2022	\$100,000	

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 & Michigan Youth Soccer League 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
GABRIEL RICHARD HIGH SCHOOL 4333 WHITE HALL RD ANN ARBOR MI 48105	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
	Gary Patterson



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		ertificate does not confer rights to							require an endorsement	A St	atement on
PRO	DUCE	ER USI Insurance Services N	W			CONTACT NAME:					
1		601 Union Street, Suite 10				PHONE (A/C, No	n Ext): 2	206-441-6300) FAX (A/C, No):		
		Seattle, WA 98101				E-MAIL ADDRE	SS:		1 (122)		
								SURER(S) AFFOR	RDING COVERAGE		NAIC#
						INSURE	RA: Everest	National Insu	urance Company		10120
	URED					INSURE	RB: QBE Ins	surance Corp	oration		39217
	Michigan State Youth Soccer Association					INSURE	RC:	•			
F	9lvm	General Drive, Suite 120 outh MI 48170				INSURE	ER D :				
- · · · · · · · · · · · · · · · · · · ·					INSURER E :						
						INSURE	ERF:				
CC	VER	RAGES CER	TIFI	CATE	NUMBER: 63796348				REVISION NUMBER:		
II C	NDICA ERTI EXCLU	IS TO CERTIFY THAT THE POLICIES ATED. NOTWITHSTANDING ANY RE IFICATE MAY BE ISSUED OR MAY I USIONS AND CONDITIONS OF SUCH	QUIF PERT POLI	REME ΓΑΙΝ,	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN	Y CONTRACT THE POLICIE	OR OTHER IS DESCRIBE	DOCUMENT WITH RESPE D HEREIN IS SUBJECT TO	CT TO	WHICH THIS
INSF	•	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	s	
A	1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE DAMAGE TO RENTED	\$\$1,00	00,000
		CLAIMS-MADE ✓ OCCUR							PREMISES (Ea occurrence)	\$\$300	,000
									MED EXP (Any one person)	\$ Exclu	ıded
									PERSONAL & ADV INJURY		00,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$\$5,00	00,000
	POLICY PRO- JECT LOC								PRODUCTS - COMP/OP AGG	- ' '	00,000
Ļ	OTHER:		01001 04054 044		0///000/	0/4/0000	Participant Legal Liabi COMBINED SINGLE LIMIT	- , -	00,000		
A	I —				SI8GL01851-211		9/1/2021	9/1/2022	(Ea accident)	, , ,	00,000
	ANY AUTO OWNED SCHEDULED AUTOS ONLY AUTOS ONLY NON-OWNED								BODILY INJURY (Per person)	\$	
									BODILY INJURY (Per accident)	\$	
	1	AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
	-			-	0105704204		0/4/0004	0/4/0000		\$	
		UMBRELLA LIAB OCCUR			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURRENCE	·	00,000
	✓	EXCESS LIAB CLAIMS-MADE							AGGREGATE	· '	00,000
-	WOE	DED RETENTION \$ RKERS COMPENSATION							PER OTH-	\$	
	AND	EMPLOYERS' LIABILITY Y / N							PER OTH- STATUTE ER		
	OFF	PROPRIETOR/PARTNER/EXECUTIVE CICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	If ves	ndatory in NH) es, describe under							E.L. DISEASE - EA EMPLOYEE		
В		SCRIPTION OF OPERATIONS below			LIBHOOOOS		9/1/2021	9/1/2022	\$100.000	\$	
B Participant Accident Medical UBH000005											
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if This certificate is issued on behalf of Michigan State Youth Soccer Association & Michigan Youth Certificate holder is Additional Insured as respects the operations of the Named Insured for sand of the state association. Waiver of Subrogation applies when required by written contract.						igan Youth So d for sanction	ccer League	ed)			
CE	RTIF	ICATE HOLDER				CAN	CELLATION				
GARDENS ELEMENTARY 1076 6TH STREET MARYSVILLE MI 48040					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						

Gary D. Putterson Gary Patterson

AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY) 9/9/2021

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PRODUC	ER USI Insurance Services N	W			CONTACT NAME:						
601 Union Street, Suite 1000						o, Ext):	206-441-6300)	FAX (A/C. No):		
	Seattle, WA 98101				E-MAIL ADDRE				(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
						INS	SURER(S) AFFOR	RDING COVERAGE			NAIC#
					INSURE	RA: Everest	National Insu	rance Company			10120
INSURE					INSURE	кв: QBE Ins	surance Corp	oration			39217
Micl	nigan State Youth Soccer Ass 1 General Drive, Suite 120	ociati	ion		INSURE	RC:					
	nouth MI 48170				INSURER D :						
, .					INSURER E :						
					INSURE	RF:					
COVE	RAGES CER	TIFIC	ATE	NUMBER: 63796349				REVISION NUM	/IBER:		
-	IS TO CERTIFY THAT THE POLICIES CATED. NOTWITHSTANDING ANY RI										
	TIFICATE MAY BE ISSUED OR MAY								BJECT TO	ALL 7	ΓHE TERMS,
_	USIONS AND CONDITIONS OF SUCH	ADDLIS		IMITS SHOWN MAY HAVE	BEEN	POLICY EFF	PAID CLAIMS. POLICY EXP				
INSR LTR	TYPE OF INSURANCE	INSD \		POLICY NUMBER			(MM/DD/YYYY)		LIMIT	S	
Α 🗸	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENC		\$\$1,00	00,000
	CLAIMS-MADE ✓ OCCUR							DAMAGE TO RENTI PREMISES (Ea occu		\$\$300	,000
							1				

Α	<	COMMERCIAL GENERAL LIABILITY		SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
							MED EXP (Any one person)	\$ Excluded
							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		SI8GL01851-211	9/1/2021	9/1/2022	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		SI8EX01724-211	9/1/2021	9/1/2022	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 Y / N	N/A				E.L. EACH ACCIDENT	\$
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$
		s, describe under CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
В	Part	icipant Accident Medical		UBH000005	9/1/2021	9/1/2022	\$100,000	

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 & Michigan Youth Soccer League 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
Gator Star Park (Volpe-Vito, Inc.) 3000 Auburn Road Utica MI 48317	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)

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this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).								
CONTACT NAME:								
(A/C, No, Ext): 206-441-6300 (A/C, No):								
E-MAIL ADDRESS:								
INSURER(S) AFFORDING COVERAGE	NAIC#							
INSURER A: Everest National Insurance Company	10120							
INSURER B: QBE Insurance Corporation 39217								
INSURER C:								
INSURER D :								
INSURER E :								
INSURER F:								
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.								
	CONTACT NAME: PHONE (A/C, No, Ext): 206-441-6300 FAX (A/C, No): E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: Everest National Insurance Company INSURER B: QBE Insurance Corporation INSURER C: INSURER C: INSURER C: INSURER F: REVISION NUMBER: AVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO NOTED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL TO							

EXCESSION AND GOVERNMENT OF CONTROLLED CONTROLLED OF CON									
	TYPE OF INSURANCE			POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	s	
1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000	
	CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000	
							MED EXP (Any one person)	\$ Excluded	
							PERSONAL & ADV INJURY	\$\$1,000,000	
GEN							GENERAL AGGREGATE	\$\$5,000,000	
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$\$1,000,000	
	OTHER:						Participant Legal Liabi	\$\$1,000,000	
AUT	OMOBILE LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000	
	ANY AUTO						BODILY INJURY (Per person)	\$	
							BODILY INJURY (Per accident)	\$	
/	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
								\$	
	UMBRELLA LIAB ✓ OCCUR			SI8EX01724-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,000,000	
1	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$\$5,000,000	
	DED RETENTION \$							\$	
	EMPLOYEDS! LIABILITY						PER OTH- STATUTE ER		
ANYF	PROPRIETOR/PARTNER/EXECUTIVE T N	N / A					E.L. EACH ACCIDENT	\$	
(Man	ndatory in NH)	117.2					E.L. DISEASE - EA EMPLOYEE	\$	
If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
Part	ticipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000		
	GEN WORAND OFFI (Mar If yee	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCY LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY UMBRELLA LIAB UMBRELLA LIAB CCUR CLAIMS-MADE	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- DIECT OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY UMBRELLA LIAB V OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	TYPE OF INSURANCE TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY CLAIMS-MADE CCAIMS-MADE CC	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY CLAIMS-MADE CCAIMS-MADE N/A WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE (Mandatory in NH) If yes, describe under CDESCRIPTION OF OPERATIONS below	TYPE OF INSURANCE TYPE OF INSURANCE ADDL SUBR INSUR WYD POLICY NUMBER POLICY NUMBER POLICY NUMBER POLICY SIBGLO1851-211 9/1/2021 GEN'L AGGREGATE LIMIT APPLIES PER: POLICY JECT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY AUTOS ONLY AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY UMBRELLA LIAB VOCCUR CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY ANY POPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	TYPE OF INSURANCE INSU WYD POLICY NUMBER (MM/DD/YYYY) POLICY EXP (MM/DD/YYYYY) POLICY EXP (MM/DD/YYYYY) POLICY EXP (MM/DD/YYYYY) POLICY EXP (MM/DD/YYYYY) POLICY EXP (MM/DD/YY	TYPE OF INSURANCE ADDI. SURP. POLICY EFF. (MM/DD/YYY) (MM/DD/YY) (MM/DD/YY) (MM/DD/YYY) (MM/DD/YY) (MM/	

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 & Michigan Youth Soccer League 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
GEARING ELEMENTARY 200 NORTH CARNEY DRIVE ST. CLAIR MI 48079	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) 9/9/2021

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 USI Insurance Serv		CONTACT NAME:							
601 Union Street, S	Suite 1000	PHONE (A/C, No, Ext):	206-441-6300	FAX (A/C, No):					
Seattle, WA 98101		E-MAIL ADDRESS:							
			INSURER(S) AFFORDING CO	VERAGE	NAIC#				
		INSURER A: Eve	10120						
INSURED	A	INSURER B: QB		39217					
Michigan State Youth Soco 9401 General Drive, Suite	r Association	INSURER C:							
Plymouth MI 48170	120	INSURER D :							
•		INSURER E :							
		INSURER F:							
COVERAGES	CERTIFICATE NUMBER: 63796351		REVISI	ON 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.

		ISIONS AND CONDITIONS OF SOCIT							
INSR LTR		TYPE OF INSURANCE		SUBR WVD		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
Α	1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
								MED EXP (Any one person)	\$ Excluded
								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			SI8GL01851-211	9/1/2021	9/1/2022	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			SI8EX01724-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,000,000
	1	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$\$5,000,000
		DED RETENTION \$							\$
		KERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANY	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	Part	icipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000	

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 & Michigan Youth Soccer League 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
GENESEE FIELDHOUSE 7383 GRAND PARKWAY GRAND BLANC TWP MI 48639	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) 9/9/2021

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).									
	USI Insurance Services N		Cert	incate notaer in nea or st	CONTAC		., <u>.</u>			
	601 Union Street, Suite 1		NAME: PHONE	HONE FAX						
	Seattle, WA 98101	E-MAIL ADDRES	o, Ext):	200-441-0300	(A/C, No):					
			ADDRES		NUDER(O) AFFOR	ADINO COVEDACE		NAIC#		
					INCUE			rance Company		10120
INSU	RED						surance Corp	' '		39217
M	chigan State Youth Soccer Ass	ocia	tion				Surance Corp	DIALION		39217
94	01 General Drive, Suite 120				INSURE					
PI	ymouth MI 48170				INSURE					
					INSURE					
COV	/ERAGES CEI	TIEI	^ A T E	NUMBER: 63796352	INSURE	KF:		REVISION NUMBER:		
	IS IS TO CERTIFY THAT THE POLICIE				VF BFF	N ISSUED TO			IF POL	ICY PERIOD
IN	DICATED. NOTWITHSTANDING ANY R	EQUIF	REMEI	NT, TERM OR CONDITION	OF ANY	CONTRACT	OR OTHER I	DOCUMENT WITH RESPEC	T TO	WHICH THIS
	RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH) HEREIN IS SUBJECT TO) ALL	ΓHE TERMS,
INSR		ADDL	SUBR		DEEN	POLICY EFF POLICY EXP				
LTR A	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER SI8GL01851-211		9/1/2021	(MM/DD/YYYY) 9/1/2022			
^	* - - - - - - - - - - - - - 			310GE01031-211		3/1/2021	3/1/2022	DAMAGE TO RENTED	. ,	00,000
	CLAIMS-MADE OCCUR							, , , , , , , , , , , , , , , , , , , ,	\$\$300	,
								` ' ' '	\$ Exclu	
									\$\$1,00 \$\$5,00	
	POLICY PRO- LOC								+ · · /	
									\$\$1,00	
Α	OTHER: AUTOMOBILE LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	Participant Legal Liabi COMBINED SINGLE LIMIT	\$\$1,00	
^	ANY AUTO			310GL01031-211		3/1/2021	9/1/2022		\$\$1,00 \$	00,000
	OWNED SCHEDULED							` ' '	\$	
	AUTOS ONLY AUTOS NON-OWNED							` '	\$	
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$ \$	
	UMBRELLA LIAB / OCCUP			SI8EX01724-211		9/1/2021	9/1/2022		•	20.000
	/ EXOCOLUAD			310LX01724-211		3/1/2021	3/1/2022		\$\$5,00	
	CLAIIVIS-IVIADI	1							\$\$5,00	00,000
	DED RETENTION \$ WORKERS COMPENSATION							PER OTH- STATUTE ER	\$	
	AND EMPLOYERS' LIABILITY Y / N									
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A							\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE		
В	DÉSCRIPTION OF OPERATIONS below Participant Accident Medical			UBH000005		9/1/2021	9/1/2022	E.L. DISEASE - POLICY LIMIT \$100,000	\$	
ט	a ilopani Accident Medical			0011000000		31112021	3/1/2022	ψ100,000		

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 & Michigan Youth Soccer League 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
GILCHER PARK 6709 29 MILE ROAD WASHINGTON MI 48095	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)

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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 lieu of such endorsement(s).							
PRODUCER USI Insurance Services NW	CONTACT NAME:							
601 Union Street, Suite 1000	PHONE (A/C, No, Ext): 206-441-6300 (A/C, No):							
Seattle, WA 98101	E-MAIL ADDRESS:							
	INSURER(S) AFFORDING COVERAGE	NAIC#						
	INSURER A: Everest National Insurance Company	10120						
INSURED	INSURER B: QBE Insurance Corporation	39217						
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:							
Plymouth MI 48170	INSURER D :							
	INSURER E :							
	INSURER F:							
COVERAGES CERTIFICATE NUMBER	BER: 63796353 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 SUBR INSD WVD POLICY EFF POLICY EXP (MM/DD/YYYY) INSR LTR TYPE OF INSURANCE POLICY NUMBER Α **COMMERCIAL GENERAL LIABILITY** SI8GL01851-211 9/1/2021 9/1/2022 EACH OCCURRENCE DAMAGE TO RENTED \$\$1,000,000 CLAIMS-MADE ✓ OCCUR \$\$300,000 PREMISES (Ea occurrence) MED EXP (Any one person) \$ Excluded \$\$1,000,000 PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$\$5,000,000 PRO-JECT POLICY LOC PRODUCTS - COMP/OP AGG \$\$1,000,000 \$\$1,000,000 OTHER: Participant Legal Liabi COMBINED SINGLE LIMIT (Ea accident) Α **AUTOMOBILE LIABILITY** SI8GL01851-211 9/1/2021 9/1/2022 \$\$1,000,000 ANY AUTO BODILY INJURY (Per person) SCHEDULED AUTOS NON-OWNED OWNED AUTOS ONLY HIRED **BODILY INJURY (Per accident)** \$ PROPERTY DAMAGE (Per accident) \$ AUTOS ONLY **AUTOS ONLY** UMBRELLA LIAB SI8EX01724-211 9/1/2021 9/1/2022 / OCCUR EACH OCCURRENCE \$\$5,000,000 **EXCESS LIAB CLAIMS-MADE AGGREGATE** \$\$5,000,000 DED RETENTION \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? 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 UBH000005 9/1/2021 Participant Accident Medical 9/1/2022 \$100,000

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

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CERTIFICATE HOLDER	CANCELLATION
Good Shepherd Lutheran Church 1950 S Bladwin Road Lake Orion MI 48360	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 Factoria



DATE (MM/DD/YYYY) 9/9/2021

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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										
thi	s certificate does not confer rights	to the cer	tificate holder in lieu of si).					
PROD	JCER USI Insurance Services N		CONTAC NAME:	CT							
	601 Union Street, Suite 1	000		PHONE (A/C, No	, Ext):	206-441-6300)	FAX (A/C, No):			
	Seattle, WA 98101			É-MAIL ADDRES	SS:						
					INS	SURER(S) AFFOR	RDING COVERAGE		NAIC :	#	
				INSURE	RA: Everest	National Insu	ırance Company	/	10120		
INSUR	 -			INSURE	кв: QBE Ins	surance Corp	oration		39217		
IVII Q <i>A</i>	chigan State Youth Soccer Ass 01 General Drive, Suite 120	sociation		INSURER C:							
	mouth MI 48170			INSURER D:							
				INSURER E :							
				INSURE	RF:						
COV	ERAGES CE	RTIFICAT	E NUMBER: 63796354				REVISION NUI	VIBER:			
THI	S IS TO CERTIFY THAT THE POLICIE	S OF INSU	IRANCE LISTED BELOW HA'	VE BEE	N ISSUED TO	THE INSURE	ED NAMED ABOV	E FOR TH	E POLICY PERIO	OD	
IND	ICATED. NOTWITHSTANDING ANY R	REQUIREME	ENT, TERM OR CONDITION	OF ANY	CONTRACT	OR OTHER I	DOCUMENT WITH	H RESPEC	T TO WHICH TH	SIF	
CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORD					THE POLICIE	S DESCRIBEI	D HEREIN IS SU	BJECT TC	ALL THE TERM	ЛS,	
EX	CLUSIONS AND CONDITIONS OF SUCH	1 POLICIES	. LIMITS SHOWN MAY HAVE	BEEN R	REDUCED BY	PAID CLAIMS.					
INSR LTR	TYPE OF INSURANCE		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	3				
Α	COMMERCIAL GENERAL LIABILITY		SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE		\$\$1,000,000		
	CLAIMS MADE / OCCUP						DAMAGE TO RENT	ED .	¢ ¢300 000		

LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
Α	1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
	CLAIMS-MADE ✓ OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
								MED EXP (Any one person)	\$ Excluded
								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			SI8GL01851-211	9/1/2021	9/1/2022	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			SI8EX01724-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,000,000
	1	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$\$5,000,000
		DED RETENTION \$							\$
		KERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE Y / N	N/A					E.L. EACH ACCIDENT	\$
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	B Participant Accident Medical				UBH000005	9/1/2021	9/1/2022	\$100,000	

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

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CERTIFICATE HOLDER	CANCELLATION
GOODRICH AREA SCHOOL 7500 S GALE ROAD GOODRICH MI 48438	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 LANGE 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 confei	rights to the certificate holder in lieu of s	ucn endorseme	nt(s).			
PRODUCER USI Insurance Serv		CONTACT NAME:				
601 Union Street, S	Suite 1000	PHONE (A/C, No, Ext):	206-441-6300	FAX (A/C, No):		
Seattle, WA 98101		E-MAIL ADDRESS:				
			INSURER(S) AFFORDING CO	VERAGE	NAIC#	
		INSURER A: Everest National Insurance Company 10120				
INSURED	Soccer Association Suite 120	INSURER B: QBE Insurance Corporation 39217				
9401 General Drive, Suite		INSURER C:				
Plymouth MI 48170		INSURER D :				
•		INSURER E:				
		INSURER F:				
COVERAGES	CERTIFICATE NUMBER: 63796355		REVISI	ON 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	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
Ä	✓ COMMERCIAL GENERAL LIABILITY	INSD	WVVD	SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
	CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
							MED EXP (Any one person)	\$ Excluded
							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			SI8GL01851-211	9/1/2021	9/1/2022	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			SI8EX01724-211	9/1/2021	9/1/2022	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	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	\$
	Participant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000	

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 & Michigan Youth Soccer League 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
GOODRICH UNITED METHODIST CHURCH SOCCER FIELD 8071 S. STATE ROAD GOODRICH MI 48438	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).

	SUBROGATION IS WAIVED, subject sertificate does not confer rights				•	•	•	equire an endo	orsement	. A Sta	atement on
PROD	ucer USI Insurance Services N	1M			CONTAC NAME:	СТ					
	601 Union Street, Suite 1	PHONE (A/C. No	o. Ext):	206-441-6300		FAX (A/C, No):					
	Seattle, WA 98101				E-MAIL ADDRES	SS:					
						INS	SURER(S) AFFOR	DING COVERAGE			NAIC#
					INSURE	RA: Everest	National Insu	rance Company	,		10120
INSUF					INSURE	RB: QBE Ins	surance Corpo	oration			39217
IVII	chigan State Youth Soccer As: 01 General Drive, Suite 120	sociat	ion		INSURER C:						
Pl	mouth MI 48170				INSURER D:						
	•				INSURER E :						
					INSURE	RF:					
COV	ERAGES CE	RTIFIC	ATE	NUMBER: 63796356				REVISION NUI	MBER:		
	IS IS TO CERTIFY THAT THE POLICIE										
	DICATED. NOTWITHSTANDING ANY F										
	RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCK		,					HEREIN IS SU	BJECT 10	J ALL I	HE TERIVIS,
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
Α	/ COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCUPPEN	CE	s \$1 00	00.000

LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
Α	1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
	CLAIMS-MADE ✓ OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
								MED EXP (Any one person)	\$ Excluded
								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			SI8GL01851-211	9/1/2021	9/1/2022	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			SI8EX01724-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,000,000
	1	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$\$5,000,000
		DED RETENTION \$							\$
		KERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE Y / N	N/A					E.L. EACH ACCIDENT	\$
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	B Participant Accident Medical				UBH000005	9/1/2021	9/1/2022	\$100,000	

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 & Michigan Youth Soccer League 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
GRAND BLANC HIGH SCHOOL 12500 HOLLY ROAD GRAND BLANC MI 48439	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)

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tilis certificate does flot confer	rights to the certificate floider in fled of s	ucii elluorseille	າາເ(ອ).			
PRODUCER USI Insurance Serv	ices NW	CONTACT NAME:				
601 Union Street, S	uite 1000	PHONE (A/C, No, Ext):	206-441-6300	FAX (A/C, No):		
Seattle, WA 98101		E-MAIL ADDRESS:				
			INSURER(S) AFFORDING CO	VERAGE	NAIC#	
		INSURER A: Everest National Insurance Company 10120				
INSURED		INSURER B: QBE Insurance Corporation 39217				
Michigan State Youth Socce 9401 General Drive, Suite	ccer Association	INSURER C :				
Plymouth MI 48170	120	INSURER D :				
•		INSURER E:				
		INSURER F:				
COVERAGES	CERTIFICATE NUMBER: 62706357		REVISI	ON 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	COLOGICINO AND CONDITIONS OF SOCI	ADDLS			POLICY EFF	POLICY EXP		
LTR	TYPE OF INSURANCE	INSD \	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
Α	CLAIMS-MADE OCCUR			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,000,000 \$\$300.000
							MED EXP (Any one person)	\$ Excluded
							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			SI8GL01851-211	9/1/2021	9/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
	ANY AUTO						BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	✓ HIRED AUTOS ONLY ✓ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB ✓ OCCUR			SI8EX01724-211	9/1/2021	9/1/2022	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 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	Participant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000	

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

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	DESCRIBED POLICIES BE CANCELLED BEFORE
	IEREOF, NOTICE WILL BE DELIVERED IN
AUTHORIZED REPRESENTATIVE	
	gary D. Putterson
Gary Patterson	



DATE (MM/DD/YYYY)

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II SUBRUGATION IS WAIVED, Subject to the terms and conditi			an endorsement. A st	atement on			
this certificate does not confer rights to the certificate holder in		ment(s).					
PRODUCER USI Insurance Services NW	CONTACT NAME:	NAME:					
601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	PHONE (A/C, No, Ext): 206-441-6300 FAX (A/C, No):					
Seattle, WA 98101	E-MAIL ADDRESS:						
		INSURER(S) AFFORDING COVERAGE					
	INSURER A:	Everest National Insurance C	Company	10120			
INSURED	INSURER B :	INSURER B: QBE Insurance Corporation					
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C :						
Plymouth MI 48170	INSURER D :	INSURER D:					
•	INSURER E :	INSURER E :					
	INSURER F:						
COVERAGES CERTIFICATE NUMBER: 637	796358	REVIS	ION NUMBER:				
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED B	ELOW HAVE BEEN ISS	UED TO THE INSURED NAM	ED ABOVE FOR THE POL	ICY PERIOD			
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CO	ONDITION OF ANY COM	NTRACT OR OTHER DOCUM	ENT WITH RESPECT TO	WHICH THIS			
CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE	AFFORDED BY THE !	POLICIES DESCRIBED HERE	IN IS SUBJECT TO ALL	THE TERMS,			
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN IN	MAY HAVE BEEN REDUC	CED BY PAID CLAIMS.					
INSR LTR TYPE OF INSURANCE ADDL SUBR INSD WVD POLICY		CY EFF POLICY EXP D/YYYY) (MM/DD/YYYY)	LIMITS				

INSR LTR		TYPE OF INSURANCE		SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	<	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
								MED EXP (Any one person)	\$ Excluded
								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			SI8GL01851-211	9/1/2021	9/1/2022	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			SI8EX01724-211	9/1/2021	9/1/2022	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 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	Part	ticipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000	

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 & Michigan Youth Soccer League 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
Grand Rapids Northview High School 4451 Hunsberger Ave NE Grand Rapids MI 49525	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 ###################################
	dary i ditereen



DATE (MM/DD/YYYY) 9/9/2021

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lf	If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on									
th	s certificate does not confer rights	to the cer	tificate holder in lieu of su	uch endo	rsement(s)).				
PROI	DUCER USI Insurance Services N			CONTACT NAME:						
	601 Union Street, Suite 1	000		PHONE (A/C, No, E	xt): 2	206-441-6300		FAX (A/C, No):		
	Seattle, WA 98101			E-MAIL ADDRESS:						
					INS	URER(S) AFFOR	DING COVERAGE		NAIC#	
				INSURER A	a: Everest	National Insu	rance Company		10120	
INSURED					INSURER B: QBE Insurance Corporation					
IVI 9∠	chigan State Youth Soccer Ass 01 General Drive, Suite 120	ociation		INSURER C:						
ΡΙ	ymouth MI 48170			INSURER D:						
				INSURER E :						
				INSURER F	:					
CO	/ERAGES CEF	RTIFICAT	E NUMBER: 63796359				REVISION NUM	IBER:		
	IS IS TO CERTIFY THAT THE POLICIES									
	DICATED. NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR MAY									
	CLUSIONS AND CONDITIONS OF SUCH	POLICIES	. LIMITS SHOWN MAY HAVE						· · · · · · · · · · · · · · · · · · ·	
INSR LTR	TYPE OF INSURANCE	ADDL SUB INSD WVI			POLICY EFF IM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
Δ	COMMERCIAL GENERAL LIABILITY		SI8GL01851-211	9.	/1/2021	9/1/2022	EAGU GOOUDDENO	_	* ¢1 000 000	

LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
Α	<	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
								MED EXP (Any one person)	\$ Excluded
								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			SI8GL01851-211	9/1/2021	9/1/2022	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			SI8EX01724-211	9/1/2021	9/1/2022	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 Y / N	N/A					E.L. EACH ACCIDENT	\$
	(Man	CER/MEMBEREXCLUDED?	117.2					E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Pari	ticipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000	

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

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CERTIFICATE HOLDER	CANCELLATION
Great Lakes Golf and Sports 3951 Joslyn Rd Auburn Hills MI 48326	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
<u>'</u>	



DATE (MM/DD/YYYY) 9/9/2021

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this certificate does not comer rights to the certificate holder in fled of such endorsement(s).									
PRODUCER USI Insurance Servi	ices NW	CONTACT NAME:							
601 Union Street, St	uite 1000	PHONE (A/C, No, Ext):	206-441-6300	FAX (A/C, No):					
Seattle, WA 98101		E-MAIL ADDRESS:			,				
			VERAGE	NAIC#					
		INSURER A: Eve	10120						
INSURED	th Soccer Association	INSURER B: QB	39217						
9401 General Drive, Suite 1		INSURER C:							
Plymouth MI 48170	120	INSURER D :							
-		INSURER E :							
		INSURER F:							
COVERAGES	CERTIFICATE NUMBER: 63796360		REVISI	ON 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 SCHEMENCE OF COURT OF COURT WITH 15 AVE BEEN KEDGED BY THE CHANGE									
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			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000	
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000	
								MED EXP (Any one person)	\$ Excluded	
								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			SI8GL01851-211	9/1/2021	9/1/2022	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			SI8EX01724-211	9/1/2021	9/1/2022	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	datory in NH)	147.4					E.L. DISEASE - EA EMPLOYEE	\$	
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
В	Part	icipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000	·	

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 & Michigan Youth Soccer League 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.

GREAT LAKES GOLF AND SPORTS COMPLEX	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN
3951 JOSLYN RD AUBURN HILLS MI 48326	ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE
	Gary D. Patterson
	Gary Patterson



DATE (MM/DD/YYYY) 9/9/2021

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).

		SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on is certificate does not confer rights to the certificate holder in lieu of such endorsement(s).										
PRO	DUC	R USI Insurance Services N	W			CONTACT NAME:						
601 Union Street, Suite 1000					PHONE (A/C, No	PHONE (A/C, No, Ext): 206-441-6300 (A/C, No):						
Seattle, WA 98101						E-MAIL ADDRE	SS:					
							INS	SURER(S) AFFOR	DING COVERAGE			NAIC#
						INSURE	RA: Everest	National Insu	rance Company			10120
Michigan State Youth Soccer Association 9401 General Drive, Suite 120					INSURE	кв: QBE Ins	surance Corp	oration			39217	
					INSURER C:							
Plymouth MI 48170				INSURER D:								
	•					INSURER E:						
						INSURE	RF:					
CO	VEF	RAGES CER	TIFIC	ATE	NUMBER: 63796361				REVISION NUM	IBER:		
		IS TO CERTIFY THAT THE POLICIES ATED. NOTWITHSTANDING ANY RE										
CI	ERT	IFICATE MAY BE ISSUED OR MAY I	PERT	AIN,	THE INSURANCE AFFORD	ED BY	THE POLICIE	S DESCRIBE	HEREIN IS SUB			
	XCL	USIONS AND CONDITIONS OF SUCH				BEEN F						
INSR LTR		TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS		
Α	1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENC	E :	\$\$1,00	00,000

LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	s
Α	/	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE DAMAGE TO RENTED	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						PREMISES (Ea occurrence)	\$\$300,000
								MED EXP (Any one person)	\$ Excluded
								PERSONAL & ADV INJURY	\$\$1,000,000
	GEI	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$\$5,000,000
		POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$\$1,000,000
		OTHER:						Participant Legal Liabi	\$\$1,000,000
Α	ΑU	TOMOBILE LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	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			SI8EX01724-211	9/1/2021	9/1/2022	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 ICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Mai	ndatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$
	If ye DES	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Par	ticipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000	·

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 & Michigan Youth Soccer League 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
Greenleaf Park 501 E Katherine Ave Madison Heights MI 48071	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 Fallerson



DATE (MM/DD/YYYY) 9/9/2021

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

							rms and conditions of th ificate holder in lieu of si				require an endo	rsement	. Ast	atement on
-		R USI Insuranc						CONTA NAME:		<i>/</i> -				
		601 Union St	tree	et, Suite 10	000			PHONE (A/C, No	- F-4).	206-441-6300)	FAX (A/C, No):		
		Seattle, WA 9	981	01				E-MAIL ADDRE	SS:	200 171 0000		(A/C, NO).		
										SURER(S) AFFOR	RDING COVERAGE			NAIC#
								INSURE	RA: Everest	National Insu	rance Company			10120
	JRED	ann Otata Valut	L C.	» A	:	L:		INSURE	RB: QBE Ins	surance Corp	oration			39217
	401	gan State Youtl General Drive,	n Su . Su	ite 120	ocia	lion		INSURE	RC:					
ÌĚ	lym	outh MI 48170)					INSURE	RD:					
								INSURE	RE:					
<u></u>	./	4.050		055	TIFI		· NUMPER, serves	INSURE	RF:		DEVICION NUM	IDED:		
$\overline{}$		AGES S TO CERTIEY THA	ΔT ΤΙ				ENUMBER: 63796362 RANCE LISTED BELOW HA	VE BEE	N ISSUED TO		REVISION NUM		de POI	ICY PERIOD
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BE							OF AN' ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER IS DESCRIBED PAID CLAIMS	DOCUMENT WITH D HEREIN IS SUE	RESPEC	CT TO	WHICH THIS	
INSR LTR		TYPE OF INSU	RANC	CE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
Α	1	COMMERCIAL GENER	RAL L	IABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENC	E	\$\$1,0	00,000
		CLAIMS-MADE	1	OCCUR							DAMAGE TO RENTE PREMISES (Ea occu	rrence)	\$\$300	0,000
											MED EXP (Any one p	erson)	\$ Excl	uded
											PERSONAL & ADV II	NJURY		00,000
	GEN	N'L AGGREGATE LIMIT A	APPLI								GENERAL AGGREG			00,000
		POLICY PRO- JECT		LOC							PRODUCTS - COMP		. , , .	00,000
A	ΔΙΙΤ	OTHER: OMOBILE LIABILITY					SI8GL01851-211		9/1/2021	9/1/2022	Participant Legal COMBINED SINGLE (Ea accident)	LIMIT		00,000
^	701	ANY AUTO					01001031211		3/1/2021	3/1/2022	(Ea accident) BODILY INJURY (Pe		*\$1,0 \$	00,000
		OWNED	SCI	HEDULED							BODILY INJURY (Pe	. /	\$	
	1	AUTOS ONLY HIRED AUTOS ONLY		TOS N-OWNED TOS ONLY							PROPERTY DAMAG (Per accident)	E	\$	
	•	AUTOS ONLT	1 40	TOS ONLT							(i ci accident)		\$	
		UMBRELLA LIAB	1	OCCUR			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURRENC	E	\$\$5,0	00,000
	1	EXCESS LIAB		CLAIMS-MADE							AGGREGATE		\$\$5,0	00,000
		DED RETENTION											\$	
		RKERS COMPENSATION EMPLOYERS' LIABILIT		Y / N							PER STATUTE	OTH- ER		
	ANY	PROPRIETOR/PARTNER	R/EXE(ED?	CUTIVE 17 N	N/A						E.L. EACH ACCIDEN	IT	\$	
	If ves	ndatory in NH) s, describe under									E.L. DISEASE - EA E		\$	
В	_	CRIPTION OF OPERATI					UBH000005		9/1/2021	9/1/2022	E.L. DISEASE - POLI \$100,000	CY LIMIT	\$	
		noipant Acoldoni M	icuio	·ai			OBI 1000003		3/1/2021	3/1/2022	\$100,000			
DES	CRIPT	ION OF OPERATIONS /	LOCA	ATIONS / VEHIC	I FS //	COBD	101, Additional Remarks Schedu	le may h	e attached if mor	e snace is requir	ed)			
					•		,				ou,			
							Youth Soccer Association e operations of the Named							
							es when required by writter							
CE	RTIF	ICATE HOLDER						CANO	CELLATION					<u> </u>
1								I						

Grissom Middle School 35701 Ryan Rd. Sterling Heights MI 48310

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 © 1988-2015 ACORD CORPORATION. All rights reserved.



DATE (MM/DD/YYYY) 9/9/2021

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

							rms and conditions of th ificate holder in lieu of su				require an endo	rsement	. A st	atement on
				e Services N				CONTA NAME:		,-				
		601 Union	ı St	reet, Suite 10				PHONE (A/C, No	Ext).	206-441-6300)	FAX (A/C, No):		
		Seattle, W	'A 9	98101				E-MAIL ADDRESS:						
								INSURER(S) AFFORDING COVERAGE NAIC						
								INSURER A: Everest National Insurance Company 10120						
INSU	RED									surance Corp				39217
M	ichi	gan State Yo	outh	n Soccer Ass	ocia	tion		INSURE		ourarioo oorp	<u>oranorr</u>			00211
94	101 Ivm	Ğeneral Dri outh MI 481	ve,	Suite 120				INSURE						
'	yııı	Outilivii 401	70					INSURE						
								INSURE						
CO	VER	AGES		CER	TIFIC	CATE	NUMBER: 63796363	INSURE	KF.		REVISION NUM	/IBER:		
				T THE POLICIES	OF I	NSUF	RANCE LISTED BELOW HAY			THE INSURE	ED NAMED ABOV	E FOR TH		
							NT, TERM OR CONDITION THE INSURANCE AFFORDI							
							LIMITS SHOWN MAY HAVE					DUECT IC	ALL	THE TERIVIO,
INSR LTR		TYPE OF II	NSUF	RANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
Α	1	COMMERCIAL GE	NER	AL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE	CE	\$\$1.00	00,000
		CLAIMS-MAD	DE [✓ OCCUR							DAMAGE TO RENTI PREMISES (Ea occu	ED irrence)	\$\$300	
			_								MED EXP (Any one		\$ Exclu	<i>'</i>
											PERSONAL & ADV I			00,000
	GEN	I'L AGGREGATE LI	MIT A	APPLIES PER:							GENERAL AGGREG			00,000
		POLICY PR	RO-	LOC							PRODUCTS - COMP		\$\$1,00	
		OTHER:	01								Participant Lega		\$\$1,00	,
Α	AUT	OMOBILE LIABILIT	Υ				SI8GL01851-211		9/1/2021	9/1/2022	COMBINED SINGLE (Ea accident)		\$\$1.00	,
		ANY AUTO									BODILY INJURY (Pe	er person)	\$	50,000
		OWNED		SCHEDULED							BODILY INJURY (Pe	er accident)	\$	
	./	AUTOS ONLY HIRED	./	AUTOS NON-OWNED							PROPERTY DAMAG	SE	\$	
	•	AUTOS ONLY	_	AUTOS ONLY							(Per accident)		\$	
		UMBRELLA LIAB		✓ OCCUR			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURRENCE	`E	\$\$5.00	00,000
	1	EXCESS LIAB	f	CLAIMS-MADE							AGGREGATE	,_	· ,	00,000
		DED RETE	-NTIC								7.001.207.12		\$	50,000
		KERS COMPENSA	TION								PER STATUTE	OTH- ER	*	
	ANYI	EMPLOYERS' LIAB PROPRIETOR/PART	NER	EXECUTIVE TITE							E.L. EACH ACCIDE		\$	
		CER/MEMBEREXCL Idatory in NH)	UDE	D?	N/A						E.L. DISEASE - EA E			
	If ves	s, describe under CRIPTION OF OPER	ΡΔΤΙ	ONS below							E.L. DISEASE - POL			
В	_	ticipant Acciden					UBH000005		9/1/2021	9/1/2022	\$100,000	JOT LIMIT	Ψ	
DES	CRIPT	ION OF OPERATIO	NS/	LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedul	le, may b	e attached if mor	e space is requir	red)			
						. .	V 11 0 A 1 11							
							Youth Soccer Association a e operations of the Named							
of t	he s	tate association	1. W	Vaiver of Subrog	ation	appli	es when required by writter	contra	act.					

CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE Grissom Middle School THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN 35701 Ryan Road Sterling Heights MI 48310 ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Gary D. Putterson Gary Patterson



DATE (MM/DD/YYYY)

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uns ceruncate does not come	rights to the certificate holder in fied of s	ucii elluoisellie	າແ(ອ).		
PRODUCER USI Insurance Serv	rices NW	CONTACT NAME:			
601 Union Street, S	Suite 1000	PHONE (A/C, No, Ext):	206-441-6300	FAX (A/C, No):	
Seattle, WA 98101		E-MAIL ADDRESS:			
			INSURER(S) AFFORDING COV	ERAGE	NAIC#
		INSURER A: Eve	rest National Insurance Co	ompany	10120
INSURED	A	INSURER B: QB	E Insurance Corporation		39217
Michigan State Youth Soco 9401 General Drive, Suite	cer Association 120	INSURER C:			
Plymouth MI 48170	120	INSURER D :			
-		INSURER E :			
		INSURER F:			
COVERAGES	CERTIFICATE NUMBER: 63706364		REVISIO	ON 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	COLOGICINO AND CONDITIONS OF SOCI	ADDLS			POLICY EFF	POLICY EXP	YD			
LTR	TYPE OF INSURANCE	INSD \	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S		
Α	CLAIMS-MADE OCCUR			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,000,000 \$\$300.000		
							MED EXP (Any one person)	\$ Excluded		
							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			SI8GL01851-211	9/1/2021	9/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000		
	ANY AUTO						BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$		
	✓ HIRED AUTOS ONLY ✓ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$		
								\$		
	UMBRELLA LIAB ✓ OCCUR			SI8EX01724-211	9/1/2021	9/1/2022	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 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	Participant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000			

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 & Michigan Youth Soccer League 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
GRISSOM MIDDLE SCHOOL/WARREN CON SCHOOLS 35701 RYAN RD STERLING HEIGHTS MI 48310	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)

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lf th	SUBROGATION IS vis certificate does n	WAIVED, subject ot confer rights t	to the	ie tei	OITIONAL INSURED, the prime and conditions of the ificate holder in lieu of so	ne polic uch end	cy, certain po dorsement(s	olicies may ı			
PROI	DUCER USI Insurar 601 Union S Seattle, WA	Street, Suite 10				CONTA NAME: PHONE (A/C, No E-MAIL	o, Ext): 2	206-441-6300	FAX (A/C, No):	
						ADDRE		SURER(S) AFFOR	DING COVERAGE		NAIC#
						INSURE	RA: Everest	National Insu	rance Company		10120
INSU						INSURE	RB: QBE Ins	surance Corpo	oration		39217
IVI	lichigan State You 401 General Drive	th Soccer Ass	ociat	ion		INSURE	RC:				
P	lymouth MI 4817	0				INSURE	RD:				
- '	.,					INSURE	RE:				
						INSURE	RF:				
CO	VERAGES	CER	TIFIC	ATE	NUMBER: 63796365				REVISION NUMBER:		
IN CE E)	DICATED. NOTWITHS ERTIFICATE MAY BE KCLUSIONS AND CON	STANDING ANY RE ISSUED OR MAY	EQUIR PERT. POLIC	EME AIN, CIES.	RANCE LISTED BELOW HA'NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN'	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESP	ECT TO	WHICH THIS
INSR LTR	TYPE OF INS	URANCE	ADDL INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIF	IITS	
Α	✓ COMMERCIAL GEN	ERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,0	00,000
	CLAIMS-MADE	✓ OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$30	0,000
									MED EXP (Any one person)	\$ Excl	uded
									PERSONAL & ADV INJURY	\$\$1,0	00,000
	GEN'L AGGREGATE LIMI								GENERAL AGGREGATE	\$\$5,0	00,000
	POLICY PRO- JECT	LOC							PRODUCTS - COMP/OP AG	\$\$1,0	00,000
	OTHER:								Participant Legal Liabi	\$\$1,0	00,000
Α	AUTOMOBILE LIABILITY				SI8GL01851-211		9/1/2021	9/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,0	00,000
	ANY AUTO								BODILY INJURY (Per person	\$	
	OWNED AUTOS ONLY	SCHEDULED AUTOS							BODILY INJURY (Per accide	nt) \$	
	✓ HIRED AUTOS ONLY	NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
										\$	
	UMBRELLA LIAB	✓ OCCUR			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,0	00,000
	✓ EXCESS LIAB	CLAIMS-MADE							AGGREGATE	\$\$5,0	00,000
	DED RETEN								DED	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABIL	ITV							PER OTH- STATUTE ER		
	ANYPROPRIETOR/PARTNE OFFICER/MEMBER EXCLU	R/EXECUTIVE TIN	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH)	JLD:							E.L. DISEASE - EA EMPLOY	E \$	
	If yes, describe under DESCRIPTION OF OPERA								E.L. DISEASE - POLICY LIMI	т \$	
В	Participant Accident I	Medical			UBH000005		9/1/2021	9/1/2022	\$100.000		

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 & Michigan Youth Soccer League 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
Groves High School 20500 West 13 Mile Road Beverly Hills MI 48025	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) 9/9/2021

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.

	SUBROGATION IS WAIVED, subject nis certificate does not confer rights to							require an endorsement	. A sta	atement on
_	DUCER USI Insurance Services N				CONTAC NAME:		<i>y</i> -			
	601 Union Street, Suite 10				PHONE (A/C, No	Evt).	206-441-6300) FAX (A/C, No):		
	Seattle, WA 98101				E-MAIL ADDRES	,		(A/O, NO).		
					ADDICE		SURFR(S) AFFOR	RDING COVERAGE		NAIC#
					INSURF			rance Company		10120
INSU	IRED						surance Corp	• •		39217
M	lichigan State Youth Soccer Asso	ciati	on		INSURE		bararioo oorp	oration		00217
9,	401 General Drive, Suite 120 lymouth MI 48170				INSURE					
	lymouth wit 40170				INSURE					
					INSURE					
CO	VERAGES CER	TIFIC	ATE	NUMBER: 63796366	INOUNE	IX 1 .		REVISION NUMBER:		
	HIS IS TO CERTIFY THAT THE POLICIES				/E BEE	N ISSUED TO	THE INSURE		IE POL	ICY PERIOD
CI	IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY F XCLUSIONS AND CONDITIONS OF SUCH F	PERTA	dΝ, ¯	THE INSURANCE AFFORDE	D BY	THE POLICIE	S DESCRIBEI	D HEREIN IS SUBJECT TO		
INSR LTR		ADDL S		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3	
Α	✓ COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,00	00,000
	CLAIMS-MADE ✓ OCCUR			1				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300	,000
				1				MED EXP (Any one person)	\$ Exclu	ıded
				1				PERSONAL & ADV INJURY	\$\$1,00	00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:			1				GENERAL AGGREGATE	\$\$5,00	00,000
	POLICY PRO- JECT LOC			1				PRODUCTS - COMP/OP AGG	\$\$1,00	00,000
	OTHER:							Participant Legal Liabi	\$\$1.00	00,000
Α	AUTOMOBILE LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	COMPUTED OUTOLE LUMBE	\$\$1,00	00,000
	ANY AUTO			1					\$,
	OWNED SCHEDULED AUTOS ONLY			1				BODILY INJURY (Per accident)	\$	
	HIRED NON-OWNED AUTOS ONLY			1				PROPERTY DAMAGE (Per accident)	\$	
	7,0700 01121			1					\$	
	UMBRELLA LIAB ✓ OCCUR			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,00	00,000
	✓ EXCESS LIAB CLAIMS-MADE			1				AGGREGATE	\$\$5,00	00,000
	DED RETENTION \$			1					\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
	ANYPROPRIETOR/PARTNER/EXECUTIVE T/N	N/A		1					\$	
	(Mandatory in NH)	N/A		1				E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below			1				E.L. DISEASE - POLICY LIMIT	\$	
В	Participant Accident Medical			UBH000005		9/1/2021	9/1/2022	\$100,000		
				1						
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (AC	ORD	101, Additional Remarks Schedul	e, may be	attached if more	e space is requir	ed)		
Th	is certificate is issued on behalf of Michi	gan S	tate	Youth Soccer Association &	& Michi	gan Youth So	ccer League			
Ce	rtificate holder is Additional Insured as re	espect	ts the	e operations of the Named	Insured	d for sanction				
OI	the state association. Waiver of Subroga	llion a	ppiie	s when required by whiteh	contra	Cl.				
CE	RTIFICATE HOLDER				CANC	ELLATION				
LI	amilton Flomentary							ESCRIBED POLICIES BE CA		
50	amilton Elementary 625 Livernois							EREOF, NOTICE WILL B BY PROVISIONS.	E DEI	LIVERED IN
ĬŤ	roy MI 48098									

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Gary D. Pitterson

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

tilis certificate does flot confer	rights to the certificate holder in hed of s	ucii elluorseille	π(ο).		
PRODUCER USI Insurance Serv	ices NW	CONTACT NAME:			
601 Union Street, S	uite 1000	PHONE (A/C, No, Ext):	206-441-6300	FAX (A/C, No):	
Seattle, WA 98101		E-MAIL ADDRESS:			
			INSURER(S) AFFORDING CO	/ERAGE	NAIC#
		INSURER A : Eve	rest National Insurance C	ompany	10120
INSURED		INSURER B: QBI	E Insurance Corporation		39217
Michigan State Youth Socce 9401 General Drive, Suite	er Association 120	INSURER C :			
Plymouth MI 48170	120	INSURER D :			
•		INSURER E :			
		INSURER F:			
COVERAGES	CERTIFICATE NUMBER: 62706267		REVISI	ON 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.

_	AND CONDITIONS OF SUCH FOLICIES. LIMITS SHOWN MAT HAVE BEEN REDUCED BT FAID CLAIMS.										
				POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	s			
1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000			
	CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000			
							MED EXP (Any one person)	\$ Excluded			
							PERSONAL & ADV INJURY	\$\$1,000,000			
GEN							GENERAL AGGREGATE	\$\$5,000,000			
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$\$1,000,000			
	OTHER:						Participant Legal Liabi	\$\$1,000,000			
AUT	OMOBILE LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000			
	ANY AUTO						BODILY INJURY (Per person)	\$			
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$			
/	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$			
								\$			
	UMBRELLA LIAB ✓ OCCUR			SI8EX01724-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,000,000			
✓	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$\$5,000,000			
	DED RETENTION \$							\$			
	EMPLOYEDS! LIADILITY						PER OTH- STATUTE ER				
ANYF	PROPRIETOR/PARTNER/EXECUTIVE Y / N	N / A					E.L. EACH ACCIDENT	\$			
(Man	ndatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$			
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$			
Participant Accident Medical				UBH000005	9/1/2021	9/1/2022	\$100,000				
	GEN WORD AND OFFI (Mar If yes	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCY JECT OTHER: ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY HIRED AUTOS ONLY UMBRELLA LIAB VOCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY CLAIMS-MADE CCAIMS-MADE CCAIMS-M	TYPE OF INSURANCE TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION ANY PROPRIETOR/PARTINER/EXECUTIVE (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY CLAIMS-MADE SIBGL01851-211 ANY AUTO OWNED AUTOS ONLY AUTOS ONLY AUTOS ONLY CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	TYPE OF INSURANCE ADDL SUBR WVD POLICY NUMBER POLICY NUMBER POLICY SIBGLO1851-211 SIBGLO1851-211 9/1/2021 GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROJECT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY AUTOS OWNED AUTOS ONLY AUTOS ONLY HIRED AUTOS ONLY WMBRELLA LIAB VOCCUR CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYER'S LIABILITY ANY ANY POPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	TYPE OF INSURANCE INSU WVD POLICY NUMBER (MM/DD/YYYY) COMMERCIAL GENERAL LIABILITY CLAIMS-MADE COCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROPOLICY PRODUCY JECT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY A	TYPE OF INSURANCE ADDL SUBR WVD POLICY NUMBER POLICY EFF (MM/DD/YYY) (MM/DD/YYD/DP/D/YD/DP/DP/DP/DP/DP/DP/DP/DP/DP/DP/DP/DP/DP			

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 & Michigan Youth Soccer League 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
HAMILTON PARSONS ELEMENTARY - SOCCER FIELDS 69875 DEQUINDRE ROAD LEONARD MI 48367	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)

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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 fieu of such endorsement(s).						
PRODUCER USI Insurance Service	es NW	CONTACT NAME:				
601 Union Street, Suit	te 1000	PHONE (A/C, No, Ext):	206-441-6300	FAX (A/C, No):		
Seattle, WA 98101		E-MAIL ADDRESS:				
			INSURER(S) AFFORDING COV	/ERAGE	NAIC#	
		INSURER A : Eve	ompany	10120		
INSURED	er Association 120	INSURER B: QB		39217		
Michigan State Youth Soccer 9401 General Drive, Suite 12		INSURER C:				
Plymouth MI 48170		INSURER D:				
,		INSURER E :				
		INSURER F:				
COVERAGES	CERTIFICATE NUMBER: 63796368		REVISION	ON NUMBER:		
THE 10 TO SERVE ! THE DOL	TOLER OF MICHIPANICE LIGHTER RELOWALLA	VE BEEN JOOUE	TO THE INCHES NAME	D 400) (E E00 THE DO	LIOY DEDICE	

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	COLOGICINO AND CONDITIONS OF SOCI	ADDLS			POLICY EFF	POLICY EXP		
LTR	TYPE OF INSURANCE	INSD \	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
Α	CLAIMS-MADE OCCUR			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,000,000 \$\$300.000
							MED EXP (Any one person)	\$ Excluded
							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			SI8GL01851-211	9/1/2021	9/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
	ANY AUTO						BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	✓ HIRED AUTOS ONLY ✓ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB ✓ OCCUR			SI8EX01724-211	9/1/2021	9/1/2022	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 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	Participant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000	

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 & Michigan Youth Soccer League 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
HARBOR SPRINGS OTTAWA STADIUM 170 ZOLL STREET HARBOR SPRINGS MI 49740	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)

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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 this certificate does not confer rights to the certificate holder in lieu of s		tement on						
PRODUCER USI Insurance Services NW 601 Union Street, Suite 1000 Seattle, WA 98101	CONTACT NAME: PHONE (A/C, No, Ext): 206-441-6300 FAX (A/C, No): E-MAIL ADDRESS:							
	INSURER(S) AFFORDING COVERAGE	NAIC#						
	INSURER A: Everest National Insurance Company	10120						
INSURED	INSURER B: QBE Insurance Corporation	39217						
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:							
Plymouth MI 48170	INSURER D:							
•	INSURER E :							
	INSURER F:							
COVERAGES CERTIFICATE NUMBER: 63796369	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 ADDL SUBR LTR TYPE OF INSURANCE INSD WVD POLICY NUMBER	POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS							
A COMMERCIAL GENERAL LIABILITY SI8GL01851-211	9/1/2021 9/1/2022 EACH OCCURRENCE \$\$1,000),000						
CLAIMS-MADE 🗸 OCCUR	DAMAGE TO RENTED PREMISES (Ea occurrence) \$\$300,0)00						
	MED EVR (Any one person) & Evoluc	hot						

LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
Α	1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
								MED EXP (Any one person)	\$ Excluded
								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			SI8GL01851-211	9/1/2021	9/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
		ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	1	HIRED AUTOS ONLY VIOLENTIAL NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB ✓ OCCUR			SI8EX01724-211	9/1/2021	9/1/2022	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 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	Par	ticipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000	

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 & Michigan Youth Soccer League 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
Hart Middle School 6500 Sheldon Road Rochester Hills MI 48306	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)

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una cerunicate aces not comer	rights to the certificate floider in fied of s	acii ellaoi sellie	πι(<i>σ)</i> .				
PRODUCER USI Insurance Serv	rices NW	CONTACT NAME:					
601 Union Street, S	suite 1000	PHONE (A/C, No, Ext):	206-441-6300	FAX (A/C, No):			
Seattle, WA 98101		E-MAIL ADDRESS:					
			INSURER(S) AFFORDING CO	VERAGE	NAIC#		
		INSURER A : Eve	Company	10120			
INSURED CLASS OF THE CONTROL OF THE	A	INSURER B: QB	39217				
Michigan State Youth Socc 9401 General Drive, Suite	er Association	INSURER C :					
Plymouth MI 48170	120	INSURER D :					
,		INSURER E :					
		INSURER F:					
COVERAGES	CERTIFICATE NUMBER: 63796370		REVISI	ION 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		SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
							MED EXP (Any one person)	\$ Excluded
							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		SI8GL01851-211	9/1/2021	9/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
		ANY AUTO					BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	/	AUTOS ONLY NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
								\$
		UMBRELLA LIAB ✓ OCCUR		SI8EX01724-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,000,000
	1	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$\$5,000,000
		DED RETENTION \$						\$
		KERS COMPENSATION EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
		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	Part	icipant Accident Medical		UBH000005	9/1/2021	9/1/2022	\$100,000	

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 & Michigan Youth Soccer League 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
HATHERLY ELEMENTARY WARREN CONS. SCHOOLS 35201 DAVISON STERLING HEIGHTS MI 48310	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 LANG D. Patterson
	Gary Patterson



DATE (MM/DD/YYYY) 9/9/2021

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this certificate does not comer rights to the certificate holder in fied of such endorsement(s).						
PRODUCER USI Insurance Servi	ces NW	CONTACT NAME:				
601 Union Street, St	uite 1000	PHONE (A/C, No, Ext):	206-441-6300	FAX (A/C, No):		
Seattle, WA 98101		E-MAIL ADDRESS:				
			INSURER(S) AFFORDING CO	VERAGE	NAIC#	
		INSURER A: Eve	ompany	10120		
INSURED	A	INSURER B: QBE		39217		
Michigan State Youth Socce 9401 General Drive, Suite 1	er Association 120	INSURER C :				
Plymouth MI 48170	120	INSURER D :				
-		INSURER E :				
		INSURER F:				
COVERAGES	CERTIFICATE NUMBER: 63796371		REVISI	ON 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			POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
	CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
							MED EXP (Any one person)	\$ Excluded
							PERSONAL & ADV INJURY	\$\$1,000,000
GEN							GENERAL AGGREGATE	\$\$5,000,000
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$\$1,000,000
	OTHER:						Participant Legal Liabi	\$\$1,000,000
AUT	OMOBILE LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	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			SI8EX01724-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,000,000
1	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$\$5,000,000
	DED RETENTION \$							\$
	EMPLOYEDS! LIABILITY						PER OTH- STATUTE ER	
ANYI	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$
(Mar	datory in NH)						E.L. DISEASE - EA EMPLOYEE	\$
If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
Part	icipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000	
	GEN AUT WOR AND OFFI (Man If yee DES)	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCY PRODUCY OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY HIRED AUTOS ONLY UMBRELLA LIAB CCUR CLAIMS-MADE	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY UMBRELLA LIAB V OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	TYPE OF INSURANCE TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCY JECT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY UMBRELLA LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY CLAIMS-MADE CCLAIMS-MADE CCLAIMS-MADE CCLAIMS-MADE CCLAIMS-MADE CCLAIMS-MADE CCLAIMS-MADE CCLAIMS-MADE CCLAIMS-MADE CCLAIMS-MADE CCCUR CCLAIMS-MADE CCCUR SIBGLO1851-211 ANY AUTO OWNED AUTOS ONLY AUTOS ONLY CLAIMS-MADE DED CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	TYPE OF INSURANCE TYPE OF INSURANCE ADDL SUBR INSD WYD POLICY NUMBER POLICY NUMBER POLICY NUMBER POLICY SIBGLO1851-211 9/1/2021 GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROJECT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY AUTOS AUTOS ONLY AUTOS ONLY HIRED AUTOS ONLY LOC OWNED AUTOS ONLY AUTOS ONLY WIMBRELLA LIAB OCCUR CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY POPRIET OR PARTNER EXECUTIVE OFFICE TWO PER CONTROL OF PER CONTROL O	TYPE OF INSURANCE ADDL SUBR POLICY NUMBER POLICY EFF MM/DD/YYYY	TYPE OF INSURANCE INSU W/O POLICY NUMBER (MM/DD/YYYY) (MM/DD/YYYY) (MM/DD/YYYY) COMMERCIAL GENERAL LIABILITY CLAIMS-MADE CAIMS-MADE COCUR CLAIMS-MADE COCUR CLAIMS-MADE COCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO JECT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY AUTO

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

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HENRY FORD MACOMB HOSPITAL CORPORATION 30795 23 MILE ROAD CHESTERFIELD MI 48047	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 AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY) 9/9/2021

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	SUBROGATION IS WAIVED, subject is certificate does not confer rights to							require an endorsement.	A st	atement on		
PRODUCER USI Insurance Services NW					CONTACT NAME:							
601 Union Street, Suite 1000				PHONE FAX								
Seattle, WA 98101					(A/C, No, Ext): 206-441-6300 (A/C, No): E-MAIL ADDRESS:							
					INSURER(S) AFFORDING COVERAGE NAIC #							
				INSURER A: Everest National Insurance Company					10120			
INSURED					INSURER B: QBE Insurance Corporation					39217		
Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth MI 48170										39217		
					INSURER C:							
					INSURER D:							
					INSURER E :							
	ALEDA CEC. CED	TIFIC	<u> </u>	NUMBER, sozoozo	INSURER F :							
	COVERAGES CERTIFICATE NUMBER: 63796372 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												
	ERTIFICATE MAY BE ISSUED OR MAY I XCLUSIONS AND CONDITIONS OF SUCH								ALL 7	HE TERMS,		
INSR		ADDL S	UBR		DELIVI	POLICY EFF	POLICY EXP					
LTR A	COMMERCIAL GENERAL LIABILITY	INSD \		POLICY NUMBER SI8GL01851-211		9/1/2021	(MM/DD/YYYY) 9/1/2022	LIMITS		20.000		
, ,				0100201001 211		0/1/2021	07172022	EACH OCCURRENCE \$\$1,0 DAMAGE TO RENTED		,		
	CLAIMS-MADE ✓ OCCUR							PREMISES (Ea occurrence) \$\$300		,		
								` ' ' '	\$ Exclu			
									\$\$1,000,000			
		I'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC							\$\$5,000,000			
									1			
Α	OTHER: AUTOMOBILE LIABILITY			SI8GL01851-211		9/1/2021	0/4/0000	Participant Legal Liabi \$\$1,000,000				
	ANY AUTO			310GL01031-211		9/1/2021	9/1/2022		\$\$1,000,000 \$			
	OWNED SCHEDULED							` ' '	\$ \$			
	AUTOS ONLY AUTOS NON-OWNED	AUTOS						DDODEDT//DAMAGE	\$ \$			
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$ \$			
	UMBRELLA LIAB / OCCUP			SI8EX01724-211		9/1/2021	9/1/2022					
	/ EXOCOLUAD			SIOLX01724-211		3/1/2021	9/1/2022		\$\$5,00	,		
	CLAIWS-WADL								\$\$5,00	00,000		
	DED RETENTION \$ WORKERS COMPENSATION								\$			
	AND EMPLOYERS' LIABILITY Y / N											
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?								\$			
(Mandatory in NH) If yes, describe under								E.L. DISEASE - EA EMPLOYEE	\$ \$			
В	DÉSCRIPTION OF OPERATIONS below Participant Accident Medical			UBH000005		9/1/2021	9/1/2022	E.L. DISEASE - POLICY LIMIT \$100,000				
	a tropant / todacht Wododi			05/100000		0/1/2021	07172022	4100,000				
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	FS (AC	ORD	101 Additional Remarks Schedul	e may he	attached if mor	e snace is requir	ed)				
		(,,,		, , , , , , , , , , , , , , , , , ,	o,u j		o opuoo io ioquii					
	is certificate is issued on behalf of Michi rtificate holder is Additional Insured as r											
	the state association. Waiver of Subroga						ica activities					
CE	RTIFICATE HOLDER				CANC	ELLATION						
CENTIFICATE HOLDER												
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE												
HERITAGE PARK 8399 TEXTILE ROAD					THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
YPSILANTI MI 48197						ACCOMPANCE WITH THE FOLIOT PROVIDIONS.						

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Gary D. Putterson

AUTHORIZED REPRESENTATIVE

Gary Patterson



DATE (MM/DD/YYYY) 9/9/2021

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PRODUCER USI Insurance Services NW 601 Union Street, Suite 1000 Seattle, WA 98101	CONTACT NAME: PHONE (A/C. No. Ext): 206-441-6300 FAX (A/C, No): E-MAIL ADDRESS:								
	INSURER(S) AFFORDING COVERAGE	NAIC#							
	INSURER A: Everest National Insurance Company	10120							
INSURED	INSURER B: QBE Insurance Corporation	39217							
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:								
Plymouth MI 48170	INSURER D:								
,	INSURER E :								
	INSURER F:								
COVERAGES CERTIFICATE NUMBER: 63796373	REVISION NUMBER:								
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA' INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORD EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE	OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL TI	/HICH THIS							
NSR TYPE OF INSURANCE ADDL SUBR INSD WVD POLICY NUMBER	POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS								
A COMMERCIAL GENERAL LIABILITY SI8GL01851-211	9/1/2021 9/1/2022 EACH OCCURRENCE \$\$1,000	0,000							
CLAIMS-MADE ✓ OCCUR	DAMAGE TO RENTED PREMISES (Ea occurrence) \$\$300,	000							

LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	s
Α	1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
								MED EXP (Any one person)	\$ Excluded
								PERSONAL & ADV INJURY	\$\$1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$\$5,000,000
		POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$\$1,000,000
		OTHER:						Participant Legal Liabi	\$\$1,000,000
Α	AUT	TOMOBILE LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	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			SI8EX01724-211	9/1/2021	9/1/2022	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 ICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Mar	ndatory in NH)	1177					E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$
В					UBH000005	9/1/2021	9/1/2022	\$100,000	

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

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CERTIFICATE HOLDER	CANCELLATION
HEVEL ELEMENTARY 12700 29 MILE RD WASHINGTON MI 48094	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



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	SUBROGATION IS WAIVED, subject is certificate does not confer rights to							require an endorsement.	A sta	atement on
	DUCER USI Insurance Services N		0011	moute notaer in nea or se	CONTAC NAME:		·			
	601 Union Street, Suite 10	nn nn			PHONE (A/C, No		000 444 0000	FAX		
	Seattle, WA 98101				E-MAIL ADDRES	o, Ext):	<u>206-441-6300</u>	(A/C, No):		
					ADDRE					
							• •	DING COVERAGE		NAIC #
					INSURER A: Everest National Insurance Company 10120					
INSU	кер lichigan State Youth Soccer Asso	ociat	ion		INSURER B: QBE Insurance Corporation 39217					
94	401 General Drive, Suite 120	Julai	1011		INSURER C:					
P	lymouth MI 48170				INSURE	RD:				
					INSURE	RE:				
					INSURE	RF:				
CO	VERAGES CER	TIFIC	CATE	NUMBER: 63796374				REVISION NUMBER:		
IN CI EX	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY FACLUSIONS AND CONDITIONS OF SUCH	QUIF PERT POLIC	REMEI AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF ANY	Y CONTRACT THE POLICIES REDUCED BY F	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPEC	TO V	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3	
Α	✓ COMMERCIAL GENERAL LIABILITY	_		SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,00	00,000
	CLAIMS-MADE ✓ OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300	,000
								, , ,	\$ Exclu	ıded
								PERSONAL & ADV INJURY	\$\$1,00	00.000
	GEN'L AGGREGATE LIMIT APPLIES PER:								\$\$5,00	•
	POLICY PRO- JECT LOC								\$\$1,00	
									\$\$1,00	· ·
A AUTOMOBILE LIABILITY				SI8GL01851-211		9/1/2021	9/1/2022	COMPINED ONIOLE LIMIT	\$\$1,00	
ANY AUTO									\$	00,000
	OWNED SCHEDULED							` ' '	\$	
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE	\$	
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
	UMBRELLA LIAB / OCCUP			SI8EX01724-211		9/1/2021	9/1/2022			20.000
	/ System / Occur			OIOEXOTTE4 ETT		0,1,2021	OTTLOLL		\$\$5,00	· ·
	CLAINS-INADL								\$\$5,00	00,000
	DED RETENTION \$ WORKERS COMPENSATION								\$	
	AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
	ANYPROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$	
_	DÉSCRIPTION OF OPERATIONS below						21112222		\$	
В	Participant Accident Medical			UBH000005		9/1/2021	9/1/2022	\$100,000		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	.ES (A	CORD	101, Additional Remarks Schedu	le, may be	attached if more	space is require	ed)		
Ce	This certificate is issued on behalf of Michigan State Youth Soccer Association & Michigan Youth Soccer League 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.									
CEI	RTIFICATE HOLDER				CANC	ELLATION				
H 92	olly Area Schools 20 Baird St olly MI 48442				SHO THE	ULD ANY OF 1 EXPIRATION	DATE THE	ESCRIBED POLICIES BE CA REOF, NOTICE WILL B Y PROVISIONS.		
					AUTHO	RIZED REPRESE	NTATIVE			

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Gary D. Putterson



DATE (MM/DD/YYYY) 9/9/2021

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	SUBROGATION IS WAIVED, subject is certificate does not confer rights to							require an endorsement	. Ast	atement on
PRO	DUCER USI Insurance Services N	N			CONTAC NAME:	СТ				
	601 Union Street, Suite 10				PHONE	F. 0. 3	206-441-6300	FAX (A/C, No):		
	Seattle, WA 98101				E-MAIL ADDRES		200 441 0000	(A/C, NO).		
					ADDRES					
								RDING COVERAGE		NAIC#
INSU	DED				INSURER A: Everest National Insurance Company 101					
	lichigan State Youth Soccer Asso	ociati	ion		INSURER B: QBE Insurance Corporation 39					39217
94	401 General Drive, Suite 120	Joian			INSURER C:					
Р	lymouth MI 48170				INSURER D :					
					INSURER E :					
					INSURE	RF:				
CO	VERAGES CER	TIFIC	ATE	NUMBER: 63796375				REVISION NUMBER:		
IN CI E)	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY INCLUSIONS AND CONDITIONS OF SUCH	EME! AIN, CIES.	NT, TERM OR CONDITION (THE INSURANCE AFFORDE LIMITS SHOWN MAY HAVE (OF ANY	CONTRACT THE POLICIES REDUCED BY 1	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPECT TO	OT TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL S	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	S	
Α	✓ COMMERCIAL GENERAL LIABILITY		-	SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,00	00,000
	CLAIMS-MADE ✓ OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300	
								MED EXP (Any one person)	\$ Exclu	•
								PERSONAL & ADV INJURY	\$\$1,00	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$\$5.00	· · · · · · · · · · · · · · · · · · ·
	PRO.									,
								PRODUCTS - COMP/OP AGG	\$\$1,00	,
Α	OTHER: AUTOMOBILE LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	Participant Legal Liabi COMBINED SINGLE LIMIT (Ea accident)	\$\$1,00	
^	ANY AUTO					9/1/2021	9/1/2022		\$\$1,00 \$	00,000
	OWNED SCHEDULED							BODILY INJURY (Per person)		
	AUTOS ONLY AUTOS NON-OWNED							1 ' '1	\$	
	AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB ✓ OCCUR			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,00	00,000
	✓ EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$\$5,00	00,000
	DED RETENTION \$								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH)	N/ A						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
В	Participant Accident Medical			UBH000005		9/1/2021	9/1/2022	\$100,000		
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORD	101, Additional Remarks Schedul	e, may be	attached if more	e space is requir	ed)		
Ce	This certificate is issued on behalf of Michigan State Youth Soccer Association & Michigan Youth Soccer League 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.									
	OTICICATE HOLDER				CANO	ELLATION				
CEI	RTIFICATE HOLDER			1	CANC	ELLATION				
14	olly Middle School 4470 N. Holly Road olly MI 48442				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					

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Gary D. Putterson

AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY) 9/9/2021

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	SUBROGATION IS WAIVED, subject nis certificate does not confer rights							equire an endorsement	. A sta	atement on
_	DUCER USI Insurance Services N		, 0011	moute notaer in nea or se	CONTAC		·			
	601 Union Street, Suite 1				NAME: PHONE		200 444 0000	FAX		
	Seattle, WA 98101				(A/C, No E-MAIL	,	<u> 206-441-6300</u>	(A/C, No):		
	•				ADDRES					
						INS	URER(S) AFFOR	DING COVERAGE		NAIC #
					INSURE	RA: Everest	National Insu	rance Company		10120
	red lichigan State Youth Soccer Ass	ocia	tion		INSURER B: QBE Insurance Corporation 39217					39217
94	401 General Drive. Suite 120	ocia	lion		INSURER C:					
P	lymouth MI 48170				INSURER D:					
					INSURE	RE:				
					INSURE	RF:				
CO	VERAGES CEI	RTIFIC	CATE	NUMBER: 63796376				REVISION NUMBER:		
IN CI EX	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY RERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF ANY	CONTRACT THE POLICIES	OR OTHER I	OCUMENT WITH RESPEC	CT TO \	WHICH THIS	
INSR LTR	TYPE OF INSURANCE		WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	s	
Α	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,00	00,000
	CLAIMS-MADE ✓ OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300	,000
								MED EXP (Any one person)	\$ Exclu	ıded
								PERSONAL & ADV INJURY	\$\$1,00	00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$\$5,00	00,000
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$\$1,00	00,000	
	OTHER:					Participant Legal Liabi	\$\$1,00	00,000		
Α	AUTOMOBILE LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,00	00,000
	ANY AUTO							BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB ✓ OCCUR			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,00	00,000
	✓ EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$\$5,00	00,000
	DED RETENTION \$								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
	ANYPROPRIETOR/PARTNER/EXECUTIVE TY N							E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBEREXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
В	Participant Accident Medical			UBH000005		9/1/2021	9/1/2022	\$100,000	•	
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORD	101, Additional Remarks Schedu	ie, may be	attached if more	space is require	ea)		
Ce	This certificate is issued on behalf of Michigan State Youth Soccer Association & Michigan Youth Soccer League 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.									
CEI	RTIFICATE HOLDER				CANC	ELLATION				
16	olmes Middle School 6200 Newburgh Road ivonia MI 48154				THE	EXPIRATION	DATE THE	ESCRIBED POLICIES BE CARREDF, NOTICE WILL E Y PROVISIONS.		-
					AUTHORIZED REPRESENTATIVE					

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Gary D. Putterson



DATE (MM/DD/YYYY) 9/9/2021

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	SUBROGATION IS WAIVED, subject is certificate does not confer rights to							require an endorsement.	A sta	atement on
	DUCER USI Insurance Services N			moute notaer in nea or se	CONTAC NAME:		•			
	601 Union Street, Suite 10	nn nn			PHONE (A/C, No		000 444 0000	FAX		
	Seattle, WA 98101				E-MAIL ADDRES	o, Ext): ∠	<u>:06-441-6300</u>	(A/C, No):		
					ADDRE					
								DING COVERAGE		NAIC #
					INSURER A: Everest National Insurance Company 10120					
INSU	кер lichigan State Youth Soccer Asso	nciat	tion		INSURER B: QBE Insurance Corporation 39217					
94	401 General Drive, Suite 120	Joiai			INSURER C:					
P	lymouth MI 48170				INSURE	RD:				
					INSURE	RE:				
					INSURE	RF:				
CO	VERAGES CER	TIFIC	CATE	NUMBER: 63796377				REVISION NUMBER:		
IN CI EX	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY INCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT POLIC	REMEI AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF ANY	CONTRACT THE POLICIES REDUCED BY F	OR OTHER IS DESCRIBED PAID CLAIMS.	DOCUMENT WITH RESPEC	T TO V	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3	
Α	✓ COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,00	00,000
	CLAIMS-MADE ✓ OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300	,000
								MED EXP (Any one person)	\$ Exclu	ıded
								PERSONAL & ADV INJURY	\$\$1,00	00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$\$5,00	00,000
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$\$1,00	00.000
	OTHER:								\$\$1,00	· ·
A AUTOMOBILE LIABILITY				SI8GL01851-211		9/1/2021	9/1/2022	COMPINED ONIOLE LIMIT	\$\$1,00	
	ANY AUTO							I	\$	
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per accident)	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
	AUTOS ONET								\$	
	UMBRELLA LIAB ✓ OCCUR			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,00	00 000
	✓ EXCESS LIAB CLAIMS-MADE								\$\$5,00	· ·
	DED RETENTION \$								\$,0,000
	WORKERS COMPENSATION							PER OTH- STATUTE ER	<u>, </u>	
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE Y / N								\$	
	OFFICER/MEMBEREXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE		
	If yes, describe under DESCRIPTION OF OPERATIONS below								\$ \$	
В	Participant Accident Medical			UBH000005		9/1/2021	9/1/2022	\$100,000	Ψ	
	·									
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	.ES (A	CORD	101, Additional Remarks Schedul	le, may be	attached if more	space is require	ed)		
Ce	s certificate is issued on behalf of Michi rtificate holder is Additional Insured as ru the state association. Waiver of Subroga	espe	cts the	e operations of the Named	Insure	d for sanction				
CEI	RTIFICATE HOLDER				CANC	ELLATION				-
16	olmes Middle School 3200 Newburgh Road vonia MI 48154				THE	EXPIRATION	DATE THE	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL B Y PROVISIONS.		
					AUTHORIZED REPRESENTATIVE					

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						rms and conditions of th ificate holder in lieu of su				require an endorsement. A	statement on	
_		R USI Insurance					CONTA NAME:		,			
		601 Union Stre					PHONE (A/C, No	- 0	206-441-6300	FAX		
		Seattle, WA 98	8101				E-MAIL ADDRE	o, Ext):	200-44 1-0300) (A/C, No):		
							ADDRE		SIIDED(S) AEEOF	RDING COVERAGE	NAIC#	
							INIOUEE					
INSU	RFD									rance Company	10120	
Ιм	ichi	gan State Youth	Soccer Asso	ocia	tion				surance Corp	oration	39217	
94	101	General Drive, S	Suite 120					INSURER C:				
l P	ym	outh MI 48170					INSURE					
							INSURE					
							INSURE	RF:		DEL//01011 1111111111111111111111111111111		
		AGES				NUMBER: 63796378	/E DEE	N IOOUED TO		REVISION NUMBER:	OLIOV PEDIOD	
										ED NAMED ABOVE FOR THE F DOCUMENT WITH RESPECT T		
CI	ERTI	FICATE MAY BE ISS	SUED OR MAY	PERT	AIN,	THE INSURANCE AFFORDI	ED BY	THE POLICIE	S DESCRIBE	D HEREIN IS SUBJECT TO AL		
		ISIONS AND CONDITI				LIMITS SHOWN MAY HAVE	BEEN F		PAID CLAIMS. POLICY EXP			
INSR LTR		TYPE OF INSURA		INSD	SUBR WVD			POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS		
Α	/	COMMERCIAL GENERA	L LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022		1,000,000	
		CLAIMS-MADE ✓	✓ OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$\$3	300,000	
										MED EXP (Any one person) \$ E	xcluded	
										PERSONAL & ADV INJURY \$\$	1,000,000	
	GEN	I'L AGGREGATE LIMIT AP	PLIES PER:							GENERAL AGGREGATE \$\$5	5,000,000	
		POLICY PRO- JECT	LOC							PRODUCTS - COMP/OP AGG \$\$	1,000,000	
	OTHER:										1,000,000	
Α	-					SI8GL01851-211		9/1/2021	9/1/2022	COMBINED SINGLE LIMIT (Ea accident) \$\$	1,000,000	
		ANY AUTO								BODILY INJURY (Per person) \$,	
		OWNED AUTOS ONLY	SCHEDULED AUTOS							BODILY INJURY (Per accident) \$		
	/	HIRED	NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident) \$		
		AUTOGONET	AOTOG CIVET							\$		
		UMBRELLA LIAB	/ OCCUR			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURRENCE \$\$5	5,000,000	
	1	EXCESS LIAB	CLAIMS-MADE								5,000,000	
		DED RETENTION								\$,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		KERS COMPENSATION	Ψ.							PER OTH-		
		EMPLOYERS' LIABILITY PROPRIETOR/PARTNER/E.	EXECUTIVE T							E.L. EACH ACCIDENT \$		
	OFFI	CER/MEMBEREXCLUDED	?	N/A						E.L. DISEASE - EA EMPLOYEE \$		
	If ves	s, describe under CRIPTION OF OPERATION	NO le el eve							E.L. DISEASE - POLICY LIMIT \$		
В		cicipant Accident Med				UBH000005		9/1/2021	9/1/2022	\$100,000		
-						02.100000		0202.	01112022	7.00,000		
DE64	יפוקי	ION OF OPERATIONS / I	OCATIONS / VEHIC	F6 //	ACOPT	 101, Additional Remarks Schedu	la may h	e attached if man	o snace is requir	ed)		
	, IXIII I	ION OF OF ENAMONO? EC	DOATIONO7 VEINO	LLO (<i>F</i>	TOOKE	7 101, Additional Remarks Ocheda	ic, iliay b	e attached il illoi	e space is requir	54)		
						Youth Soccer Association						
l Ce	rtific he s	ate holder is Addition tate association Wa	nal Insured as r	espe ation	cts th	e operations of the Named es when required by writter	Insure Contra	d for sanction	ned activities			
0.		tato accociation. Tro	arvor or oubloge	211011	арріі	oo mion roquirou by million	1 0011110					
1												
CEI	RTIF	ICATE HOLDER					CANO	CELLATION				
								NIII D ANN OF	THE ABOVE S	ECODIDED DOLLOISO DE CANO	ELLED BEFORE	
н	olt .	Junior High Scho	ool							ESCRIBED POLICIES BE CANC EREOF, NOTICE WILL BE		
1	784	North Aurelius F	Road							Y PROVISIONS.		

Gary D. Pitterson Gary Patterson

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AUTHORIZED REPRESENTATIVE

Holt MI 48842



DATE (MM/DD/YYYY) 9/9/2021

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						rms and conditions of th ificate holder in lieu of su				require an endorsement.	. A sta	atement on
_		R USI Insurance Serv					CONTA NAME:		<i>r</i> -			
		601 Union Street, S					PHONE (A/C, No	. Evt). '	206-441-6300	FAX (A/C, No):		
		Seattle, WA 98101					E-MAIL ADDRE	.,,.		(A/C, NO):		
							ADDRE		SURFR(S) AFFOR	DING COVERAGE		NAIC#
							INSLIDE			rance Company		10120
INSL	IRED						• •					39217
M	lichi	gan State Youth Soco	er Asso	ocia	tion		INSURE		ourarioo oorp	oranori		00217
8	401	General Drive, Suite outh MI 48170	120					INSURER D :				
l '	iyiii	Outil 1011 40170						INSURER E :				
							INSURE					
co	VER	AGES	CER	TIFIC	CATE	NUMBER: 63796379	INOUNE			REVISION NUMBER:		
TI	HIS IS	S TO CERTIFY THAT THE F				RANCE LISTED BELOW HAY	/E BEE	N ISSUED TO			IE POLI	ICY 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,											
						LIMITS SHOWN MAY HAVE				D HEREIN IS SUBJECT TO	ALL	HE TERIVIS,
INSR LTR		TYPE OF INSURANCE			SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3	
A	1	COMMERCIAL GENERAL LIABIL	LITY	INSD	WVD	SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,00	00 000
CLAIMS-MADE / OCCUR										DAMAGE TO RENTED	\$\$300.	
CLAIMS-MADE V OCCUR										MED EXP (Any one person)	\$ Exclu	ded
										PERSONAL & ADV INJURY	\$\$1,00	00,000
	GEN	L'L AGGREGATE LIMIT APPLIES P	PER:							GENERAL AGGREGATE	\$\$5,00	00,000
		POLICY PRO- JECT LO	ОС							PRODUCTS - COMP/OP AGG	\$\$1,00	00,000
OTHER:										Participant Legal Liabi	\$\$1,00	00,000
Α	A AUTOMOBILE LIABILITY					SI8GL01851-211		9/1/2021	9/1/2022	(Ea accident)	\$\$1,00	00,000
		ANY AUTO								` ' '	\$	
		OWNED SCHEDU AUTOS ONLY								, ,	\$	
	1	HIRED AUTOS ONLY ✓ NON-OV AUTOS								PROPERTY DAMAGE (Per accident)	\$	
											\$	
		UMBRELLA LIAB	CUR			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,00	
	/	EXCESS LIAB CLA	IMS-MADE							AGGREGATE	\$\$5,00	00,000
	WOR	DED RETENTION \$								PER OTH-	\$	
	AND	EMPLOYERS' LIABILITY	Y/N							PER OTH- STATUTE ER		
	OFFI	PROPRIETOR/PARTNER/EXECUTIVER/MEMBEREXCLUDED?	VE	N/A						E.L. EACH ACCIDENT	\$	
	If ves	idatory in NH) s, describe under								E.L. DISEASE - EA EMPLOYEE		
В	_	CRIPTION OF OPERATIONS below ticipant Accident Medical	V			UBH000005		9/1/2021	9/1/2022	E.L. DISEASE - POLICY LIMIT \$100,000	\$	
	lait	licipant Accident Medical				OBI 1000003		3/1/2021	3/1/2022	Ψ100,000		
DES	CRIPT	ION OF OPERATIONS / LOCATION	NS / VEHICI	FS (/	CORD	101, Additional Remarks Schedu	le may h	e attached if mor	a enaca ie raquir	2d)		
"	OI(II I	ION OF OF ENAMIONO / EGUATION	NO7 VEINO	LLO (<i>F</i>	TOOKE	101, Additional Remarks Schedu	ie, iliay b	e attached il illoi	e space is require	su)		
						Youth Soccer Association e operations of the Named						
						es when required by writter			ieu activities			
20	21 C	21 Capital Area Autumn Classic (9/17-19/21)										
CF	RTIF	ICATE HOLDER					CANO	CELLATION				
	റ്നമ	Snorts Compley								ESCRIBED POLICIES BE CA		-
5	801	Sports Complex Aurelius Road								EREOF, NOTICE WILL B Y PROVISIONS.	E DEL	IVEKED IN

Gary Patterson © 1988-2015 ACORD CORPORATION. All rights reserved.

Gary D. Putterson

Lansing MI 48911

AUTHORIZED REPRESENTATIVE



GEN'L AGGREGATE LIMIT APPLIES PER:

LOC

POLICY

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

\$\$5,000,000

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 USI Insurance Serv	ices NW	CONTACT NAME:								
601 Union Street, S	uite 1000	PHONE (A/C, No, Ext): 206-441-6300 FAX (A/C, No):								
Seattle, WA 98101		E-MAIL ADDRESS:								
			INSURER(S) AFFORDING COVERA	GE	NAIC#					
		INSURER A: Ever	est National Insurance Comp	any	10120					
INSURED		INSURER B: QBE Insurance Corporation 39217								
Michigan State Youth Socci 9401 General Drive, Suite	er Association 120	INSURER C:								
Plymouth MI 48170	120	INSURER D :								
,		INSURER E :								
		INSURER F:								
COVERAGES	CERTIFICATE NUMBER: 63796380		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. POLICY EFF POLICY EXP (MM/DD/YYYY) ADDL SUBR TYPE OF INSURANCE POLICY NUMBER LTR INSD WVD **COMMERCIAL GENERAL LIABILITY** Α SI8GL01851-211 9/1/2021 9/1/2022 EACH OCCURRENCE DAMAGE TO RENTED \$\$1,000,000 CLAIMS-MADE ✓ OCCUR \$\$300,000 PREMISES (Ea occurrence) MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$\$1,000,000

PRO-JECT \$\$1,000,000 \$\$1,000,000 OTHER: Participant Legal Liabi COMBINED SINGLE LIMIT (Ea accident) Α **AUTOMOBILE LIABILITY** SI8GL01851-211 9/1/2021 9/1/2022 \$\$1,000,000 ANY AUTO BODILY INJURY (Per person) SCHEDULED AUTOS NON-OWNED OWNED AUTOS ONLY HIRED BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTOS ONLY **AUTOS ONLY** UMBRELLA LIAB SI8EX01724-211 9/1/2021 9/1/2022

/ OCCUR EACH OCCURRENCE \$\$5,000,000 **EXCESS LIAB CLAIMS-MADE AGGREGATE** \$\$5,000,000 DED RETENTION \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY

ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? 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 UBH000005 9/1/2021 9/1/2022 Participant Accident Medical \$100,000

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 & Michigan Youth Soccer League 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
HUDONSVILLE ATHLETIC FIELD 3835 BALDWIN ST. HUDSONVILLE MI 49426	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 ###################################

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GENERAL AGGREGATE

PRODUCTS - COMP/OP AGG



DATE (MM/DD/YYYY) 9/9/2021

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

				rms and conditions of th ificate holder in lieu of su				require an endorsement	t. Ast	atement on
PRODUCER USI Insura					CONTA NAME:		,			
601 Union	Street, Suite 10	non			PHONE (A/C, No		206 444 6026	FAX		
Seattle, W		,00			(A/C, No E-MAIL ADDRE	o, Ext):	206-441-6300) (A/C, No):		
					ADDRE		CLIDED(S) AEEOE	RDING COVERAGE		NAIC#
					INCUE					10120
INSURED								urance Company		
Michigan State Yo	uth Soccer Ass	ociati	ion				surance Corp	oration		39217
9401 General Driv	/e, Suite 120				INSURE					
Plymouth MI 481	70				INSURER D:					
					INSURE					
COVERACES	CEE	TIEIC	· A T E	NUMPED: 0070004	INSURE	RF:		DEVISION NUMBER		
THIS IS TO CEPTIEV				E NUMBER: 63796381 RANCE LISTED BELOW HAV	VE BEE	N ISSUED TO		REVISION NUMBER:	HE DOI	ICV DEDIOD
INDICATED. NOTWITH CERTIFICATE MAY BE EXCLUSIONS AND COI	HSTANDING ANY RI E ISSUED OR MAY	EQUIR PERTA POLIC	EMEI AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS	DOCUMENT WITH RESPE D HEREIN IS SUBJECT TO	CT TO	WHICH THIS
INSR LTR TYPE OF IN	ISURANCE	ADDL S	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A COMMERCIAL GE	NERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,00	00,000
CLAIMS-MAD	E ✓ OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300	,000
								MED EXP (Any one person)	\$ Exclu	Jded
								PERSONAL & ADV INJURY	\$\$1,00	00,000
GEN'L AGGREGATE LIN								GENERAL AGGREGATE	\$\$5,00	00,000
POLICY PR	CT LOC							PRODUCTS - COMP/OP AGG	\$\$1,00	00,000
OTHER:							Participant Legal Liabi	\$\$1,00	00,000	
A AUTOMOBILE LIABILITY	1			SI8GL01851-211		9/1/2021	9/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,00	00,000
ANY AUTO								BODILY INJURY (Per person)	\$	
OWNED AUTOS ONLY	SCHEDULED AUTOS NON-OWNED							BODILY INJURY (Per accident)	\$	
✓ HIRED AUTOS ONLY	AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
									\$	
UMBRELLA LIAB	✓ OCCUR			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$ \$5,00	00,000
✓ EXCESS LIAB	CLAIMS-MADE							AGGREGATE	\$ \$5,00	00,000
	NTION \$							DED OTH	\$	
WORKERS COMPENSAT								PER OTH- STATUTE ER		
ANYPROPRIETOR/PARTI OFFICER/MEMBEREXCL	NER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$	
(Mandatory in NH)	ODED:							E.L. DISEASE - EA EMPLOYEE	\$	
If yes, describe under DESCRIPTION OF OPER	ATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
B Participant Accident	t Medical			UBH000005		9/1/2021	9/1/2022	\$100,000		
DESCRIPTION OF OPERATION	IS / LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requir	ed)		
Certificate holder is Ad	This certificate is issued on behalf of Michigan State Youth Soccer Association & Michigan Youth Soccer League 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 HOLDE	 R				CANO	ELLATION				
										
Hunter Communit	y Center							ESCRIBED POLICIES BE C.		

Gary D. Pitterson Gary Patterson

ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

509 Fisher Court Clawson MI 48017



DATE (MM/DD/YYYY) 9/9/2021

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PRO	DUCE	R USI Insurance Services N	W			CONTA NAME:	СТ	•				
		601 Union Street, Suite 10				PHONE (A/C, No	Evt).	206-441-6300) FAX (A/C, No):			
		Seattle, WA 98101				E-MAIL ADDRE	SS:	200 441 0000	(AIC, NO).			
							INS	SURER(S) AFFOR	RDING COVERAGE		NAIC#	
						INSURER A: Everest National Insurance Company 10120						
	IRED					INSURER B: QBE Insurance Corporation 39217						
l M	lich 401	igan State Youth Soccer Asso General Drive, Suite 120	ocia	tion		INSURE	RC:					
		outh MI 48170				INSURER D:						
	,					INSURE	RE:					
						INSURE	RF:					
					NUMBER: 63796382				REVISION NUMBER:			
IN C	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.											
						REEN F	POLICY EFF	POLICY EXP				
INSR LTR	-		INSD	SUBR			(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS			
A	/	CLAIMS-MADE / OCCUR			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,00 \$\$300	,	
		929							MED EXP (Any one person)	\$ Exclu	,	
									PERSONAL & ADV INJURY	\$\$1,00		
	GEN	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$\$5,00		
	021	POLICY PRO- JECT LOC								\$\$1,00	· ·	
		OTHER:								\$\$1,00		
Α	AU1	FOMOBILE LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	COMPINED SINCLE LIMIT	\$\$1,00		
		ANY AUTO							BODILY INJURY (Per person)	\$	70,000	
		OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
	1	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
		AUTOS ONET							(i ci dooldent)	\$		
		UMBRELLA LIAB ✓ OCCUR			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5.00	00.000	
	1	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$\$5,00	,	
		DED RETENTION \$								\$,	
		RKERS COMPENSATION							PER OTH- STATUTE ER			
	ANY	PROPRIETOR/PARTNER/EXECUTIVE Y / N	N / A						E.L. EACH ACCIDENT	\$		
	(Mar	ICER/MEMBEREXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE	\$		
	If yes	s, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
В	Par	ticipant Accident Medical			UBH000005		9/1/2021	9/1/2022	\$100,000			
DEC	CDID	TION OF OPERATIONS / LOCATIONS / VEHICL	EC /	CORT	104 Additional Paragraphs Calcarded	o mt-	a attached if we re	ro onogo !s ====:':	od)			
DES	CRIP	TION OF OPERATIONS / LOCATIONS / VEHICL	_E3 (<i>F</i>	ACORL	101, Additional Remarks Schedu	e, may b	e attached if mor	re space is requir	ea)			
		ertificate is issued on behalf of Michi										
of	the s	ate holder is Additional Insured as restate association. Waiver of Subroga	espe ation	appli	es when required by writter	nsure contra	a ior sanctior ict.	ied activities				
		· ·		• •								
	DTIE	FICATE HOLDER				CANC	ELLATION					
<u> </u>	KIII	ICATE HULDER				CANC	ELLATION					
.		Field				SHO	ULD ANY OF	THE ABOVE D	ESCRIBED POLICIES BE CA	NCELL	ED BEFORE	
3	urle 205	ey Field CATALPA							EREOF, NOTICE WILL B	E DEI	IVERED IN	
		ley MI 48072				ACCORDANCE WITH THE POLICY PROVISIONS.						

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Gary D. Putterson

AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY) 9/9/2021

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.

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	DUCER USI Insurance Services N		Cert	incate noider in ned or st	CONTA NAME:		<u>)·</u>				
	601 Union Street, Suite 10				PHONE (A/C, No	o, Ext):	206-441-6300) FAX (A/C, No)	:		
	Seattle, WA 98101			E-MAIL ADDRE	SS:						
					INS	URER(S) AFFOR	RDING COVERAGE		NAIC#		
				INSURE	RA: Everest	National Insu	irance Company		10120		
INSU		INSURE	кв: QBE Ins	surance Corp	oration		39217				
IVI Q∠	ichigan State Youth Soccer Asso 101 General Drive, Suite 120	ociat	ion		INSURE	RC:					
	ymouth MI 48170				INSURER D:						
					INSURER E :						
					INSURER F:						
CO	VERAGES CER	TIFIC	ATE	NUMBER: 63796383				REVISION NUMBER:			
	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE										
_	ERTIFICATE MAY BE ISSUED OR MAY I		,						O ALL	THE TERMS,	
	(CLUSIONS AND CONDITIONS OF SUCH				BEEN F						
INSR LTR	TYPE OF INSURANCE	ADDL INSD		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	TS		
Α	✓ COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,0	00,000	
								DAMAGE TO RENTED			

LTR	TYPE OF INSURANCE			WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
Α	<	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
								MED EXP (Any one person)	\$ Excluded
								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			SI8GL01851-211	9/1/2021	9/1/2022	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			SI8EX01724-211	9/1/2021	9/1/2022	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 Y / N	N/A					E.L. EACH ACCIDENT	\$
	(Man	CER/MEMBEREXCLUDED?	117.2					E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Pari	ticipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000	

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 & Michigan Youth Soccer League 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
Huron Valley Soccer Complex 4200 Hickory Ridge Road Highland MI 48357	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
	dary ratiosoff



DATE (MM/DD/YYYY)

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	fer rights to the certificate holder in lieu of s	• •		an endorsement. A si	laternerit on			
PRODUCER USI Insurance Se	ervices NW	CONTACT NAME:						
601 Union Street	, Suite 1000	PHONE (A/C, No, Ext):	FAX (A/C, No):					
Seattle, WA 9810)1	E-MAIL ADDRESS:						
			VERAGE	NAIC#				
		INSURER A: Eve	10120					
INSURED	Aistica	INSURER B: QB	39217					
Michigan State Youth So 9401 General Drive, Sui	te 120	INSURER C:						
Plymouth MI 48170	.0 120	INSURER D :						
-		INSURER E :						
		INSURER F:						
COVERAGES	CERTIFICATE NUMBER: 63796384		REVIS	ION NUMBER:				
	E POLICIES OF INSURANCE LISTED BELOW HAING ANY REQUIREMENT, TERM OR CONDITION							
	O OR MAY PERTAIN, THE INSURANCE AFFORD							
	S OF SUCH POLICIES. LIMITS SHOWN MAY HAVE							
INSR TYPE OF INSURANCE	ADDL SUBR	POLICY E	FF POLICY EXP	LIMITS				

INSR		TYPE OF INSURANCE		SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS		
Α	1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000	
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000	
								MED EXP (Any one person)	\$ Excluded	
								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			SI8GL01851-211	9/1/2021	9/1/2022	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			SI8EX01724-211	9/1/2021	9/1/2022	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)						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
В	Par	ticipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000		

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CERTIFICATE HOLDER	CANCELLATION
IMMANUEL LUTHERAN CHURCH 47120 ROMEO PLANK MACOMB MI 48044	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
	dary ratterson



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 lieu of such endorsement(s).										
PRODUCER USI Insurance Services NW	CONTACT NAME:									
601 Union Street, Suite 1000	PHONE (A/C, No, Ext): 206-441-6300 FAX (A/C, No):									
Seattle, WA 98101	E-MAIL ADDRESS:									
	INSURER(S) AFFORDING COVERAGE	NAIC#								
	INSURER A: Everest National Insurance Company	10120								
INSURED	INSURER B: QBE Insurance Corporation 39217									
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:									
Plymouth MI 48170	INSURER D :									
	INSURER E :									
	INSURER F:									
COVERAGES CERTIFICATE NUMBER: 63796385	REVISION NUMBER:									
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA		-								
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFOR		-								

EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. POLICY EFF POLICY EXP (MM/DD/YYYY) ADDL SUBR TYPE OF INSURANCE POLICY NUMBER LTR INSD WVD **COMMERCIAL GENERAL LIABILITY** Α SI8GL01851-211 9/1/2021 9/1/2022 EACH OCCURRENCE DAMAGE TO RENTED \$\$1,000,000 CLAIMS-MADE ✓ OCCUR \$\$300,000 PREMISES (Ea occurrence) MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$\$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$\$5,000,000 PRO-JECT POLICY LOC PRODUCTS - COMP/OP AGG \$\$1,000,000 \$\$1,000,000 OTHER: Participant Legal Liabi COMBINED SINGLE LIMIT (Ea accident) Α **AUTOMOBILE LIABILITY** SI8GL01851-211 9/1/2021 9/1/2022 \$\$1,000,000 ANY AUTO BODILY INJURY (Per person) SCHEDULED AUTOS NON-OWNED OWNED AUTOS ONLY HIRED BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTOS ONLY **AUTOS ONLY** UMBRELLA LIAB SI8EX01724-211 9/1/2021 9/1/2022 / OCCUR EACH OCCURRENCE \$\$5,000,000 **EXCESS LIAB** CLAIMS-MADE **AGGREGATE** \$\$5,000,000 DED RETENTION \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? 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 UBH000005 9/1/2021 9/1/2022 Participant Accident Medical \$100,000

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 & Michigan Youth Soccer League 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
Indeoendence Township Parks Recreation 90 North Main Street Clarkston MI 48346	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 ###################################
	dary Fatterson



DATE (MM/DD/YYYY) 9/9/2021

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	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).										
PRO	DUCER USI Insurance Services N	N			CONTAC NAME:	СТ					
	601 Union Street, Suite 10				PHONE (A/C, No	F4). 2	206-441-6300	FAX (A/C, No):			
	Seattle, WA 98101				E-MAIL ADDRES	SS:	100 441 0000	(A/C, NO).			
							URER(S) AFFOR	DING COVERAGE		NAIC#	
					INSURER A: Everest National Insurance Company 10120						
INSU					INSURER B: QBE Insurance Corporation 39217						
M	ichigan State Youth Soccer Asso	ociat	tion		INSURE					00217	
P	401 General Drive, Suite 120 lymouth MI 48170				INSURER D:						
•	,,				INSURER E :						
					INSURE	RF:					
CO	VERAGES CER	TIFIC	CATE	NUMBER: 63796386				REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PER INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH T CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TER EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.							WHICH THIS				
INSR LTR	TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
Α	✓ COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022		\$1,00	00,000	
	CLAIMS-MADE ✓ OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,	,000	
								MED EXP (Any one person)	Exclu	ded	
								PERSONAL & ADV INJURY	\$1,00	00,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$5,00	00,000	
	POLICY PRO- JECT LOC								\$1,00	-,	
	OTHER:			01001 04054 044		0/1/0001	01110000	COMPINED SINGLE LIMIT	\$1,00	,	
Α	AUTOMOBILE LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	(Ea accident)	\$1,00	00,000	
	ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per person)			
	AUTOS ONLY AUTOS NON-OWNED							BODILY INJURY (Per accident) S PROPERTY DAMAGE			
	AUTOS ONLY AUTOS ONLY							(Per accident)			
	UMBRELLA LIAB / OCCUP			SI8EX01724-211		9/1/2021	9/1/2022				
	/ EXOCOLUAD			OIOLAOT724 ZTT		3/1/2021	3/1/2022		\$5,00	<i>'</i>	
	CLAIMS-IMADE								\$5,00	00,000	
	DED RETENTION \$ WORKERS COMPENSATION							PER OTH- STATUTE ER	•		
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE Y / N							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			
В	Participant Accident Medical			UBH000005		9/1/2021	9/1/2022	\$100,000			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORD	101, Additional Remarks Schedu	le, may be	attached if more	space is require	ed)			
Ce	This certificate is issued on behalf of Michigan State Youth Soccer Association & Michigan Youth Soccer League 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.										
CF	RTIFICATE HOLDER				CANC	ELLATION					
INVENTIVE SPORTS 7546 BARON CANTON MI 48187						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
					I AUTHOI	RIZED REPRESEI	NIAIIVE				

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Gary D. Putterson



DATE (MM/DD/YYYY)

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	GATION IS WAIVED, subject icate does not confer rights to						require an endorsemen	t. Ast	atement on	
6	JSI Insurance Services N 01 Union Street, Suite 10 Seattle, WA 98101	W 000		PHONE (A/C, No E-MAIL	, Ext): 2	206-441-6300	FAX (A/C, No):			
				ADDRES		SURER(S) AFFOR	DING COVERAGE		NAIC#	
				INSURE	RA: Everest	National Insu	rance Company		10120	
Michigan State Youth Soccer Association 9401 General Drive, Suite 120					кв: QBE Ins	surance Corpo	oration		39217	
					RC:					
Plymouth MI 48170				INSURE	INSURER D :					
				INSURE						
				INSURE	RF:					
COVERAG	ES CER	RTIFICAT	E NUMBER: 63796387				REVISION NUMBER:			
INDICATED CERTIFICA EXCLUSIO	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 SUB INSD WV			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	гѕ		
	MMERCIAL GENERAL LIABILITY		SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,00	00,000	
	CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Fa occurrence)	\$\$300	.000	

LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
Α	1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
								MED EXP (Any one person)	\$ Excluded
								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			SI8GL01851-211	9/1/2021	9/1/2022	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			SI8EX01724-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,000,000
	✓	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$\$5,000,000
		DED RETENTION \$							\$
		KERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
		PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$
	OFFICER/MEMBEREXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE	\$
								E.L. DISEASE - POLICY LIMIT	\$
В	Part	icipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000	

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 & Michigan Youth Soccer League 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
Issac Monfort Elementary School 6700 Montgomery Dr. Shelby Township MI 48316	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) 9/9/2021

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	SUBROGATION IS WAIVED, subject						require an endo	orsement.	A statem	ent on
this	s certificate does not confer rights	to the ce	rtificate holder in lieu of si			i).				
				CONTAC NAME:	CT					
	601 Union Street, Suite 1	000		PHONE (A/C, No	, Ext):	206-441-6300)	FAX (A/C, No):		
	Seattle, WA 98101			E-MAIL ADDRES	SS:					
					INS	SURER(S) AFFOR	RDING COVERAGE			NAIC#
				INSURE	RA: Everest	National Insu	ırance Company	/	10	0120
INSUR	 -	::		INSURE	кв: QBE Ins	surance Corp	oration		39	9217
IVIII Q4	chigan State Youth Soccer Ass 01 General Drive, Suite 120	sociation	1	INSURER C:						
	mouth MI 48170			INSURER D:						
,				INSURER E :						
				INSURER F:						
COV	ERAGES CEI	RTIFICAT	E NUMBER: 63796388				REVISION NUI	VIBER:		
THI	S IS TO CERTIFY THAT THE POLICIE	S OF INSU	JRANCE LISTED BELOW HA'	VE BEE	N ISSUED TO	THE INSURE	ED NAMED ABOV	E FOR TH	IE POLICY	PERIOD
IND	ICATED. NOTWITHSTANDING ANY R	EQUIREM	ENT, TERM OR CONDITION	OF ANY	CONTRACT	OR OTHER I	DOCUMENT WITI	H RESPEC	T TO WHIC	CH THIS
CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS,						TERMS,				
EX	CLUSIONS AND CONDITIONS OF SUCH	POLICIES	S. LIMITS SHOWN MAY HAVE	BEEN R	EDUCED BY	PAID CLAIMS.				
INSR LTR	TYPE OF INSURANCE	ADDL SUB INSD WV			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	3	
Α	COMMERCIAL GENERAL LIABILITY		SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURREN		\$\$1,000,00	00
	CLAIMS MADE / OCCUP						DAMAGE TO RENT	ED .	¢ ¢300 000	

LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
Α	1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
								MED EXP (Any one person)	\$ Excluded
								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			SI8GL01851-211	9/1/2021	9/1/2022	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			SI8EX01724-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,000,000
	1	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$\$5,000,000
		DED RETENTION \$							\$
		KERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Mar	datory in NH)						E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Par	icipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000	

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

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CERTIFICATE HOLDER	CANCELLATION
JAMES PARK 400 EAST LINCOLN STREET BIRMINGHAM MI 48009	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)

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this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).					
PRODUCER USI Insurance Services NW	CONTACT NAME:				
601 Union Street, Suite 1000	PHONE (A/C, No, Ext): 206-441-6300 (A/C, No):				
Seattle, WA 98101	E-MAIL ADDRESS:				
	INSURER(S) AFFORDING COVERAGE	NAIC#			
	INSURER A: Everest National Insurance Company	10120			
INSURED	INSURER B: QBE Insurance Corporation	39217			
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:				
Plymouth MI 48170	INSURER D:				
	INSURER E :				
	INSURER F:				
COVERAGES CERTIFICATE NUMBE	ER: 63796389 REVISION NUMBER:				
	STED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLIC				
l	I OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO W JRANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL TH				
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SH		IL TEIXIVIS,			

INSR			ADDL		POLICY EFF	POLICY EXP		
LTR		TYPE OF INSURANCE	INSD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
Α	1	COMMERCIAL GENERAL LIABILITY		SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
							MED EXP (Any one person)	\$ Excluded
							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		SI8GL01851-211	9/1/2021	9/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
		ANY AUTO					BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY AUTOS					BODILY INJURY (Per accident)	\$
	1	AUTOS ONLY NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
								\$
		UMBRELLA LIAB ✓ OCCUR		SI8EX01724-211	9/1/2021	9/1/2022	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 7/N	N/A				E.L. EACH ACCIDENT	\$
	(Man	CER/MEMBEREXCLUDED?					E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
В	Part	ticipant Accident Medical		UBH000005	9/1/2021	9/1/2022	\$100,000	

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	AUTHORIZED REPRESENTATIVE ###################################
Japhet 31201 Dorchester MADISON HEIGHTS MI 48071	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)

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this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).						
CONTACT NAME:						
NAIC#						
10120						
39217						
OLICY PERIOD						
O WHICH THIS L THE TERMS,						
Т						

EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. POLICY EFF POLICY EXP (MM/DD/YYYY) ADDL SUBR TYPE OF INSURANCE POLICY NUMBER LTR INSD WVD **COMMERCIAL GENERAL LIABILITY** Α SI8GL01851-211 9/1/2021 9/1/2022 EACH OCCURRENCE DAMAGE TO RENTED \$\$1,000,000 CLAIMS-MADE ✓ OCCUR \$\$300,000 PREMISES (Ea occurrence) MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$\$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$\$5,000,000 PRO-JECT POLICY LOC PRODUCTS - COMP/OP AGG \$\$1,000,000 \$\$1,000,000 OTHER: Participant Legal Liabi COMBINED SINGLE LIMIT (Ea accident) Α **AUTOMOBILE LIABILITY** SI8GL01851-211 9/1/2021 9/1/2022 \$\$1,000,000 ANY AUTO BODILY INJURY (Per person) SCHEDULED AUTOS NON-OWNED OWNED AUTOS ONLY HIRED BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTOS ONLY **AUTOS ONLY** UMBRELLA LIAB SI8EX01724-211 9/1/2021 9/1/2022 / OCCUR EACH OCCURRENCE \$\$5,000,000 **EXCESS LIAB CLAIMS-MADE AGGREGATE** \$\$5,000,000 DED RETENTION \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? 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 UBH000005 9/1/2021 9/1/2022 Participant Accident Medical \$100,000

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 & Michigan Youth Soccer League 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
Jaycee Park - Northeast, Southeast, and West 1773 E. Long Lake Road Troy MI 48085	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 Harry D. Putterson
	Gary Patterson



DATE (MM/DD/YYYY) 9/9/2021

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).									
					CONTA NAME:	СТ				
	601 Union Street, Suite 1				PHONE (A/C, No		206-441-6300	FAX (A/C, No	·):	
	Seattle, WA 98101				E-MAIL ADDRE	SS:				
						INS	URER(S) AFFOR	RDING COVERAGE		NAIC#
					INSURE	RA: Everest	National Insu	irance Company		10120
INSU					INSURE	кв: QBE Ins	surance Corp	oration		39217
IVI Q∠	chigan State Youth Soccer Ass 01 General Drive, Suite 120	socia	tion		INSURER C:					
	ymouth MI 48170				INSURER D:					
	•				INSURER E :					
					INSURE	RF:				
CO	YERAGES CE	RTIFI	CATE	NUMBER: 63796391				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. ADDLISUBR POLICY EFF POLICY EXP									
INSR LTR	TYPE OF INSURANCE		WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIN	IITS	
Α	✓ COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,0	00,000
		1	1			1	I	DAMAGE TO RENTED	1	

LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
Α	1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE DAMAGE TO RENTED	\$\$1,000,000
1		CLAIMS-MADE ✓ OCCUR						PREMISES (Ea occurrence)	\$\$300,000
								MED EXP (Any one person)	\$ Excluded
								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			SI8GL01851-211	9/1/2021	9/1/2022	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			SI8EX01724-211	9/1/2021	9/1/2022	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 7/N	N/A					E.L. EACH ACCIDENT	\$
	(Mar	ICER/MEMBEREXCLUDED?	117.74					E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Par	ticipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000	

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

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CERTIFICATE HOLDER	CANCELLATION
JEFFERSON ELEMENTARY 22011 REPUBLIC AVE OAK PARK MI 48237	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
	dary ratterson



DATE (MM/DD/YYYY) 9/9/2021

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the policy/ice) must have ADDITIONAL INCLIDED provisions on be andersed

If S	SUBROGATION IS WAIVED, subjects certificate does not confer rights to	to the	e ter	ms and conditions of th	ne polic uch end	cy, certain po dorsement(s	olicies may	•		
PRODU	JCER USI Insurance Services N	W			CONTAC NAME:	СТ				
	601 Union Street, Suite 10	000			PHONE (A/C, No, Ext): 206-441-6300 (A/C, No):					
	Seattle, WA 98101				E-MAIL ADDRES				-,	
						INS	SURER(S) AFFOR	RDING COVERAGE		NAIC#
					INSURE	RA: Everest	National Insu	rance Company		10120
INSUR	TT .				INSURE	кв: QBE Ins	surance Corp	oration		39217
	chigan State Youth Soccer Ass 01 General Drive, Suite 120	ociati	on		INSURE	RC:				
Ply	mouth MI 48170				INSURER D:					
,					INSURE	RE:				
					INSURE	RF:				
cov	ERAGES CER	TIFIC	ATE	NUMBER: 63796392				REVISION NUMBER	:	
IND CEI EXC	S IS TO CERTIFY THAT THE POLICIES ICATED. NOTWITHSTANDING ANY RERTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH	EQUIRE PERTA POLICI	IN, IES.	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN'	Y CONTRACT THE POLICIES REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RES D HEREIN IS SUBJECT	PECT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL S INSD \		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	L	IMITS	
Α	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,0	00,000
	CLAIMS-MADE ✓ OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300	0,000
								MED EXP (Any one person)	\$ Excl	uded
								PERSONAL & ADV INJURY	\$\$1,0	00,000

\$\$5,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE PRO-JECT POLICY LOC PRODUCTS - COMP/OP AGG \$\$1,000,000 \$\$1,000,000 OTHER: Participant Legal Liabi COMBINED SINGLE LIMIT (Ea accident) **AUTOMOBILE LIABILITY** SI8GL01851-211 9/1/2021 9/1/2022 \$\$1,000,000 ANY AUTO BODILY INJURY (Per person) OWNED AUTOS ONLY HIRED SCHEDULED AUTOS NON-OWNED BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTOS ONLY **AUTOS ONLY** UMBRELLA LIAB SI8EX01724-211 9/1/2021 9/1/2022 / OCCUR EACH OCCURRENCE \$\$5,000,000 **EXCESS LIAB** CLAIMS-MADE AGGREGATE \$\$5,000,000 DED RETENTION \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? 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 UBH000005 9/1/2021 9/1/2022 Participant Accident Medical \$100,000

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

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CERTIFICATE HOLDER	CANCELLATION
Jennette Jr. High School 40400 Gulliver Sterling Heights MI 48310	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
	dary i attersori



DATE (MM/DD/YYYY) 9/9/2021

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		BROGATION IS WAIVED, subject ertificate does not confer rights t							require an endorsement	. Ast	atement on
		ER USI Insurance Services N		, 0010	inoute notaer in nea or or	CONTA		,, <u>,</u>			
		601 Union Street, Suite 10				PHONE		206-441-6300	FAX		
		Seattle, WA 98101				F-MAII					
						ÄDÖRESS: INSURER(S) AFFORDING COVERAGE NAI					
INSU	IRED					· /					
ΙV	lich	igan State Youth Soccer Asso	ociat	tion		INSURER B: QBE Insurance Corporation 39217					
8	401	General Drive, Suite 120				INSURER C:					
	ıym	outh MI 48170				INSURE					
						INSURE					
CO	VER	RAGES CER	TIFIC	CATE	NUMBER: 63796393	INSURE	KF:		REVISION NUMBER:		
		IS TO CERTIFY THAT THE POLICIES				/E BEE	N ISSUED TO			HE POL	ICY PERIOD
IN	IDIC	ATED. NOTWITHSTANDING ANY RE	QUIF	REME	NT, TERM OR CONDITION	OF AN'	Y CONTRACT	OR OTHER	DOCUMENT WITH RESPE	CT TO	WHICH THIS
		IFICATE MAY BE ISSUED OR MAY JUDIOUS AND CONDITIONS OF SUCH) ALL	HE TERMS,
INSR	_	TYPE OF INSURANCE	ADDL	SUBR		DELITI	POLICY EFF	POLICY EXP	LIMIT		
A A	,	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER SI8GL01851-211		(MM/DD/YYYY) 9/1/2021	(MM/DD/YYYY) 9/1/2022			20.000
l '`		CLAIMS-MADE ✓ OCCUR							DAMAGE TO RENTED	\$\$1,00	00,000
		CLAIIVIS-IVIADE V OCCUR							PREMISES (Ea occurrence)	\$ \$300 \$ Exclu	,
									MED EXP (Any one person) PERSONAL & ADV INJURY		00,000
	CE!	J N'L AGGREGATE LIMIT APPLIES PER:									00,000
	GEI	PRO-							GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$\$5,00	
		POLICY JECT LOC								\$\$1,00 \$\$1,00	· ·
A	ΑU	OTHER: TOMOBILE LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	Participant Legal Liabi COMBINED SINGLE LIMIT	\$\$1.00	
' '		ANY AUTO					•		(Ea accident) BODILY INJURY (Per person)	\$	00,000
		OWNED SCHEDULED							BODILY INJURY (Per accident)	\$	
	_	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE	\$	
	_	AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
		UMBRELLA LIAB ✓ OCCUR			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURRENCE	s \$5.00	00,000
	1	EXCESS LIAB CLAIMS-MADE							AGGREGATE	. ,	00,000
		DED RETENTION \$	•						AGGILGATE	\$	00,000
		RKERS COMPENSATION							PER OTH- STATUTE ER	Ψ	
		DEMPLOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$	
	OFF	ICER/MEMBEREXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE		
	If ve	s, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT		
В	_	ticipant Accident Medical			UBH000005		9/1/2021	9/1/2022	\$100,000	Ψ	
DES	CRIP	TION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORE	101, Additional Remarks Schedu	e, may be	attached if mor	re space is requir	ed)		
		are and to the order to be built or hereby		0	V- 11- 0 A'-1'	O NA'-1-'					
		ertificate is issued on behalf of Mich eate holder is Additional Insured as r									
of t	the s	state association. Waiver of Subroga	ation	appli	es when required by writter	n contra	ict.				
CE	RTIF	FICATE HOLDER				CANC	ELLATION				
₁ ,	hh	Miller Park							ESCRIBED POLICIES BE CA		
		1 Webster Ave							EREOF, NOTICE WILL E BY PROVISIONS.	BE DEI	LIVERED IN
ΙŚ	out	hfield MI 48076									

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Gary D. Putterson

AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY) 9/9/2021

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							rms and conditions of th				require an endorsement	. A st	atement on
PRODUCER USI Insurance Services NW									СТ	,			
		601 Union	St	reet, Suite 10				PHONE (A/C, No	Evt):	206-441-6300	FAX (A/C, No):		
		Seattle, W	A 9	98101				E-MAIL ADDRESS:					
													NAIC#
								INSURER A : Everest National Insurance Company 10120					
INSL	IRED								RB: QBE Ins		• • •		39217
M	lichi	igan State Yo	uth	Soccer Asso	ocia	tion		INSURE		surance corp	oration		00217
		General Dri outh MI 481		Suite 120				INSURE					
「	ıyııı	Outil IVII 461	70					INSURE					
\Box	VER	RAGES		CER	TIFIC	^ A T E	NUMBER: 63796394	INSURE	KF:		REVISION NUMBER:		
			THA				RANCE LISTED BELOW HA	VF BFF	N ISSUED TO			IF POI	ICY PERIOD
IN	IDIC	ATED. NOTWIT	HST	ANDING ANY RE	QUIF	REME	NT, TERM OR CONDITION	OF AN'	Y CONTRACT	OR OTHER I	DOCUMENT WITH RESPEC	TO Y	WHICH THIS
							THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE					ALL 1	HE TERMS,
INSR LTR		TYPE OF II				SUBR		DLLINI	POLICY EFF	POLICY EXP		•	
A	,	COMMERCIAL GE			INSD	WVD	POLICY NUMBER SI8GL01851-211		(MM/DD/YYYY) 9/1/2021	(MM/DD/YYYY) 9/1/2022	LIMITS		20.000
´`	'	 	Г				SIGGEOTOGI ZIT		J. 112021	5/1/2522	EACH OCCURRENCE DAMAGE TO RENTED	\$\$1,00	
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											MED EXP (Any one person)	\$ Exclu	
											PERSONAL & ADV INJURY	\$\$1,00	· ·
	GEN	N'L AGGREGATE LIN									GENERAL AGGREGATE	\$\$5,00	
		POLICY PR	ČТ	LOC								\$\$1,00	· ·
<u> </u>	ļ	OTHER:	.,				01001 04054 044		0/4/0004	0/4/0000	Participant Legal Liabi COMBINED SINGLE LIMIT	\$\$1,00	•
						SI8GL01851-211	9/1/2021	9/1/2022	(Ea accident)	\$\$1,00	00,000		
		ANY AUTO OWNED		SCHEDULED							BODILY INJURY (Per person)	\$	
		AUTOS ONLY HIRED		AUTOS NON-OWNED							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$	
	1	AUTOS ONLY	/	AUTOS ONLY							(Per accident)	\$	
							0105704204		0///000/	0///0000		\$	
	_	UMBRELLA LIAB	F	✓ OCCUR			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$ \$5,00	00,000
	1	EXCESS LIAB		CLAIMS-MADE							AGGREGATE	\$ \$5,00	00,000
		DED RETE									DED OTH	\$	
		RKERS COMPENSA' EMPLOYERS' LIAB									PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PART ICER/MEMBEREXCL	NER/ UDE	EXECUTIVE -	N/A						E.L. EACH ACCIDENT	\$	
	(Mar	ndatory in NH) s, describe under									E.L. DISEASE - EA EMPLOYEE	\$	
Ļ	DÉS	CRIPTION OF OPER					LIBLIOGGOS		0/1/0001	01110000	E.L. DISEASE - POLICY LIMIT	\$	
B	Par	ticipant Acciden	t IVI6	edicai			UBH000005		9/1/2021	9/1/2022	\$100,000		
DES	CRIPT	TION OF OPERATIO	NS / I	LOCATIONS / VEHICI	LES (A	ACORD	101, Additional Remarks Schedu	le, may b	e attached if mor	e space is require	ed)		
							Youth Soccer Association						
							le operations of the Named es when required by writter			ed activities			
01	uie s	state association	i. V\	raiver or Subroga	alion	appiii	es when required by writter	COILLE	iCi.				
CE	RTIF	ICATE HOLD	ER					CANO	CELLATION				
J	ohn	R Park									ESCRIBED POLICIES BE CA EREOF, NOTICE WILL B		
3	500	John R									Y PROVISIONS.		
l Ti	roy	MI 48083						<u></u>					
l								AUTHO	RIZED REPRESE	NTATIVE			

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Gary D. Putterson



DATE (MM/DD/YYYY)

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this certificate does not confe	er rights to the certificate holder in lieu of s	uch endorsemer	it(s).					
PRODUCER USI Insurance Ser	vices NW	CONTACT NAME:						
601 Union Street,	Suite 1000	PHONE (A/C, No. Ext):	PHONE FAX					
Seattle, WA 98101		E-MAIL ADDRESS:						
			INSURER(S) AFFORDING COVERAGE		NAIC#			
		INSURER A : Ever	est National Insurance Compan	у	10120			
INSURED		INSURER B: QBE	Insurance Corporation		39217			
Michigan State Youth Soc 9401 General Drive, Suite	cer Association	INSURER C:						
Plymouth MI 48170	3 120	INSURER D :						
•		INSURER E :						
		INSURER F:						
COVERAGES	CERTIFICATE NUMBER: 63796395		REVISION NU	IMBER:				
	POLICIES OF INSURANCE LISTED BELOW HA							
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.								
	OF SUCH POLICIES. LIMITS SHOWN MAY HAVE			OBJECT TO ALL	THE TEIXING,			

ADDL SUBR INSD WVD POLICY EFF POLICY EXP (MM/DD/YYYY) INSR LTR **TYPE OF INSURANCE** POLICY NUMBER Α **COMMERCIAL GENERAL LIABILITY** SI8GL01851-211 9/1/2021 9/1/2022 EACH OCCURRENCE DAMAGE TO RENTED \$\$1,000,000 CLAIMS-MADE ✓ OCCUR \$\$300,000 PREMISES (Ea occurrence) MED EXP (Any one person) \$ Excluded \$\$1,000,000 PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$\$5,000,000 PRO-JECT POLICY LOC PRODUCTS - COMP/OP AGG \$\$1,000,000 \$\$1,000,000 OTHER: Participant Legal Liabi COMBINED SINGLE LIMIT (Ea accident) Α **AUTOMOBILE LIABILITY** SI8GL01851-211 9/1/2021 9/1/2022 \$\$1,000,000 ANY AUTO BODILY INJURY (Per person) SCHEDULED AUTOS NON-OWNED OWNED AUTOS ONLY HIRED **BODILY INJURY (Per accident)** \$ PROPERTY DAMAGE (Per accident) \$ AUTOS ONLY **AUTOS ONLY** UMBRELLA LIAB SI8EX01724-211 9/1/2021 9/1/2022 / OCCUR EACH OCCURRENCE \$\$5,000,000 **EXCESS LIAB CLAIMS-MADE AGGREGATE** \$\$5,000,000 DED RETENTION \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? 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 UBH000005 9/1/2021 Participant Accident Medical 9/1/2022 \$100,000

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 & Michigan Youth Soccer League 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
Keith Sports Park 2750 Keith Road West Bloomfield MI 48324	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) 9/9/2021

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.

						rms and conditions of th ificate holder in lieu of si				require an endorsement	. A st	atement on
_		R USI Insurance					CONTA		, <u>.</u>			
		601 Union Stre					NAME: PHONE		006 444 6000	FAX		
		Seattle, WA 98	3101				(A/C, No E-MAIL		206-441-6300	(A/C, No):		
							ÄDDRESS:					
							INSURER(S) AFFORDING COVERAGE NAI					
							INSURER A: Everest National Insurance Company 10120					
	IRED lich	igan State Youth	Soccer Asso	ocia	tion		INSURER B: QBE Insurance Corporation 39217					
8	401	General Drive, S	Suite 120	Jula	liOii		INSURE	RC:				
ΙĚ	lym	outh MI 48170					INSURE	RD:				
							INSURE	RE:				
							INSURE	RF:				
CO	VER	RAGES	CER	TIFIC	CATE	NUMBER: 63796396				REVISION NUMBER:		
IN C	IDICA ERTI XCLI	ATED. NOTWITHSTA FICATE MAY BE ISS	NDING ANY REUED OR MAY I	QUIF PERT POLI	REMEI	RANCE LISTED BELOW HAY NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN'	Y CONTRACT THE POLICIES	OR OTHER I	DOCUMENT WITH RESPECT TO	CT TO V	WHICH THIS
LTR		TYPE OF INSURA	ANCE		WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S	
A	1	COMMERCIAL GENERAL	L LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE DAMAGE TO RENTED	\$\$1,00	00,000
		CLAIMS-MADE ✓	OCCUR							PREMISES (Ea occurrence)	\$\$300	,000
										MED EXP (Any one person)	\$ Exclu	ıded
										PERSONAL & ADV INJURY	\$\$1,00	00,000
	GEI	N'L AGGREGATE LIMIT API	PLIES PER:							GENERAL AGGREGATE	\$\$5,00	00,000
		POLICY PRO- JECT	LOC							PRODUCTS - COMP/OP AGG	\$\$1,00	00,000
	OTHER:									Participant Legal Liabi	\$\$1,00	00,000
Α	A AUTOMOBILE LIABILITY					SI8GL01851-211	9/1/2021	9/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,00	00,000	
		ANY AUTO								BODILY INJURY (Per person)	\$	
		OWNED S AUTOS ONLY	SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
	1	HIRED , N	NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
										·	\$	
		UMBRELLA LIAB	OCCUR			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,00	00,000
	1	EXCESS LIAB	CLAIMS-MADE							AGGREGATE	\$\$5.00	00,000
		DED RETENTION	1\$								\$	
		RKERS COMPENSATION								PER OTH- STATUTE ER		
	ANY	EMPLOYERS' LIABILITY PROPRIETOR/PARTNER/E)								E.L. EACH ACCIDENT	\$	
		ICER/MEMBEREXCLUDED?	?	N/A						E.L. DISEASE - EA EMPLOYEE		
	If ve	s, describe under CRIPTION OF OPERATION	NS helow							E.L. DISEASE - POLICY LIMIT		
В	_	ticipant Accident Med				UBH000005		9/1/2021	9/1/2022	\$100,000	·	
DES	CRIP	TION OF OPERATIONS / LO	DCATIONS / VEHICL	ES (A	ACORD	101, Additional Remarks Schedu	le, may be	e attached if more	space is require	ed)		
Ce	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 & Michigan Youth Soccer League 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.											
CF	RTIF	FICATE HOLDER					CANC	ELLATION				
	1 1 1 1 1	IOATE HOLDER					CANC	LLLA HON				
1	505	r Elementary Campbell Rd. Il Oak MI 48067					THE	EXPIRATION	DATE THE	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E Y PROVISIONS.		-
	, -						AUTHO	RIZED REPRESEI	NTATIVE			

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Gary D. Putterson



DATE (MM/DD/YYYY)

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

	SUBROGATION IS WAIVED, subject is certificate does not confer rights t							require an endo	orsement	. A st	atement on
	DUCER USI Insurance Services N		00.0	mouto notadi in noa di de	CONTA NAME:		<i>y</i> ·				
	601 Union Street, Suite 10				PHONE (A/C, No		206-441-6300	1	FAX		
	Seattle, WA 98101				E-MAIL ADDRE	o, Ext): 4	200-441-6300		(A/C, No):		
					ADDRE						
								DING COVERAGE			NAIC #
15101	nen .				INSURER A: Everest National Insurance Company 10120						
INSU	кер ichigan State Youth Soccer Ass	ociat	ion		INSURER B: QBE Insurance Corporation 39217						
94	101 General Drive. Suite 120	Joiat			INSURE	RC:					
P	ymouth MI 48170				INSURE	RD:					
					INSURE	RE:					
					INSURE	RF:					
				NUMBER: 63796397				REVISION NUI			
IN CI EX	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY REERTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH	QUIR PERT	EMEI AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN'	Y CONTRACT THE POLICIE	OR OTHER I	DOCUMENT WITH	H RESPE	CT TO V	WHICH THIS
INSR LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMIT	s	
Α	CLAIMS-MADE OCCUR			SI8GL01851-211		9/1/2021	9/1/2022	DAMAGE TO RENT	ED	\$\$1,00 \$\$300	
	CLAIIVIS-IVIADE V OCCUR							PREMISES (Ea occi	,	\$ Exclu	<i></i>
								` •			
	OFAIL ACORECATE LIMIT APPLIES DED.							PERSONAL & ADV		\$\$1,00 \$\$5,00	· ·
	POLICY PRO- JECT LOC							GENERAL AGGREC			
								PRODUCTS - COMI		\$\$1,00	,
Α	OTHER: AUTOMOBILE LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	Participant Lega COMBINED SINGLE		\$\$1,00	,
^	ANY AUTO			318GL01631-211		9/1/2021	9/1/2022	(Ea accident)		\$\$1,00	00,000
	OWNED SCHEDULED							BODILY INJURY (P		\$	
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE	,	\$	
	AUTOS ONLY AUTOS ONLY							(Per accident)	3E	\$	
										\$	
	UMBRELLA LIAB / OCCUR			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURRENCE	CE	\$\$5,00	00,000
	✓ EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$\$5,00	00,000
	DED RETENTION \$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDE	NT	\$	
	(Mandatory in NH)							E.L. DISEASE - EA I	EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	LICY LIMIT	\$	
В	Participant Accident Medical			UBH000005		9/1/2021	9/1/2022	\$100,000			
DES	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedu	le, may b	e attached if more	e space is require	ed)			
T 1.	a contitionta la laccional dia trattat de A.C. I		O4-4-	Vouth Cocces Assessed	O NA: -1. '	aan Varidle C					
Ce	s certificate is issued on behalf of Mich rtificate holder is Additional Insured as r he state association. Waiver of Subrog	esped	cts th	e operations of the Named	Insure	ď for sanction	ed activities				
CEI	RTIFICATE HOLDER				CANO	ELLATION					
2	elly Middle School 4701 Kelly Road ast Pointe MI 48021				THE	EXPIRATION	N DATE THE	ESCRIBED POLICE EREOF, NOTICE Y PROVISIONS.			
					AUTHO	RIZED REPRESE		_			
							4	fary D.	Patt	undi	n

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DATE (MM/DD/YYYY)

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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 lieu of s	such endorsement(s).							
PRODUCER USI Insurance Services NW	CONTACT NAME:							
601 Union Street, Suite 1000	PHONE (A/C, No, Ext): 206-441-6300 FAX (A/C, No):							
Seattle, WA 98101	E-MAIL ADDRESS:							
	INSURER(S) AFFORDING COVERAGE	NAIC#						
	INSURER A: Everest National Insurance Company	10120						
INSURED	INSURER B: QBE Insurance Corporation 39217							
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:							
Plymouth MI 48170	INSURER D:							
	INSURER E:							
	INSURER F:							
COVERAGES CERTIFICATE NUMBER: 63796398	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								

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		ADDL SU		POLICY EFF	POLICY EXP	LIMIT	e
A A	COMMERCIAL GENERAL LIABILITY	INSD W	SI8GL01851-211	9/1/2021	9/1/2022		
^	COMMERCIAL GENERAL LIABILITY		518GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE DAMAGE TO RENTED	\$\$1,000,000
	CLAIMS-MADE ✓ OCCUR					PREMISES (Ea occurrence)	\$\$300,000
						MED EXP (Any one person)	\$ Excluded
						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		SI8GL01851-211	9/1/2021	9/1/2022	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		SI8EX01724-211	9/1/2021	9/1/2022	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	Participant Accident Medical		UBH000005	9/1/2021	9/1/2022	\$100,000	

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 & Michigan Youth Soccer League 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
Kennedy Middle School 23101 Masonic Blvd St. Clair Shores MI 48082	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) 9/9/2021

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

	SUBROGATION IS WAIVED, subject is certificate does not confer rights to							require an endorsement.	A sta	atement on
	DUCER USI Insurance Services N		COIL	incate noider in nea or st	CONTA) •			
	601 Union Street, Suite 10	N N			NAME: PHONE (A/C, No			FAX		
	Seattle, WA 98101	00			(A/C, No E-MAIL	o, Ext):	<u>206-441-6300</u>	(A/C, No):		
	·				E-MAIL ADDRESS:					
					INSURER(S) AFFORDING COVERAGE NAIC #					
					INSURER A: Everest National Insurance Company 10120					
INSU	^{кер} ichigan State Youth Soccer Asso	ociat	tion		INSURE	RВ: QBE Ins	urance Corp	oration		39217
94	401 General Drive, Suite 120	Julai	liOII		INSURER C:					
P	lymouth MI 48170				INSURE	RD:				
					INSURE	RE:				
					INSURE	RF:				
CO	VERAGES CER	TIFIC	CATE	NUMBER: 63796399				REVISION NUMBER:		
IN CE EX	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY INCLUSIONS AND CONDITIONS OF SUCH	QUIR PERT POLIC	REMEI AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF ANY	Y CONTRACT THE POLICIES REDUCED BY F	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPEC	T TO \	WHICH THIS
INSR LTR	TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	3	
Α	✓ COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,00	00,000
	CLAIMS-MADE ✓ OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300	,000
								MED EXP (Any one person)	\$ Exclu	ıded
								PERSONAL & ADV INJURY	\$\$1,00	00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$\$5,00	00,000
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$\$1,00	00.000
	OTHER:							Participant Legal Liabi	\$\$1,00	00.000
A AUTOMOBILE LIABILITY				SI8GL01851-211		9/1/2021	9/1/2022	COMPINED ONIOLE LIMIT	\$\$1,00	
	ANY AUTO							I	\$	
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per accident)	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
	AUTOS ONET								\$	
	UMBRELLA LIAB ✓ OCCUR			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,00	00 000
	✓ EXCESS LIAB CLAIMS-MADE								\$\$5,00	· ·
	DED RETENTION \$								\$,0,000
	WORKERS COMPENSATION							PER OTH- STATUTE ER	*	
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE Y / N								\$	
	OFFICER/MEMBEREXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE		
	If yes, describe under DESCRIPTION OF OPERATIONS below								\$	
В	Participant Accident Medical			UBH000005		9/1/2021	9/1/2022	\$100,000	Ψ	
	·									
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORD	101, Additional Remarks Schedul	le, may be	attached if more	space is require	ed)		
Ce	s certificate is issued on behalf of Michi rtificate holder is Additional Insured as ru he state association. Waiver of Subroga	espe	cts the	e operations of the Named	Insure	d for sanction				
CE	RTIFICATE HOLDER				CANC	ELLATION				
24	enwood Elementary 40 NAHMA lawson MI 48017				THE	EXPIRATION	DATE THE	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL B Y PROVISIONS.		-
					AUTHO	RIZED REPRESEI	NTATIVE			

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Gary D. Putterson



DATE (MM/DD/YYYY)

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	SUBROGATION IS WAIVED, subject is certificate does not confer rights to							require an endo	rsement	. A sta	atement on
	DUCER USI Insurance Services N		00.1	mouto notati in noa or or	CONTA NAME:		<i>j</i> ·				
	601 Union Street, Suite 10				PHONE (A/C, No	- F4\-	206-441-6300		FAX (A/C, No):		
	Seattle, WA 98101				E-MAIL ADDRE	0, EXT): 4	200-441-0300		(A/C, NO):		
					INSURER(S) AFFORDING COVERAGE NAICE						NAIC #
INSU	RED				INSURER A: Everest National Insurance Company 10120 INSURER B: QBE Insurance Corporation 39217						
M	ichigan State Youth Soccer Asso	ciat	ion		INSURE		surance Corpo	Jialion			39217
	401 General Drive, Suite 120 lymouth MI 48170				INSURE						
「	iyinoutii wii 46170				INSURE						
					INSURE						
CO	VERAGES CER	TIFIC	:ATF	NUMBER: 63796400	INSUKL	Kr.		REVISION NUM	IBFR:		
	HIS IS TO CERTIFY THAT THE POLICIES				VE BEE	N ISSUED TO				HE POL	ICY PERIOD
	DICATED. NOTWITHSTANDING ANY RE										
	ERTIFICATE MAY BE ISSUED OR MAY F KCLUSIONS AND CONDITIONS OF SUCH I							HEREIN IS SUE	BJECT TC) ALL I	HE TERMS,
INSR LTR		ADDL INSD				POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
A	/ COMMERCIAL GENERAL LIABILITY	INSD	WVD	SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENC		\$\$1,00	00.000
	CLAIMS-MADE / OCCUR							DAMAGE TO RENTE PREMISES (Ea occu	D	\$\$300	,
	CEANVIS-WADE V OCCUR							MED EXP (Any one p		\$ Exclu	,
								PERSONAL & ADV II		\$\$1,00	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG		\$\$5,00	
	POLICY PRO- JECT LOC							PRODUCTS - COMP		\$\$1,00	
	OTHER:							Participant Lega		\$\$1,00	
Α	AUTOMOBILE LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	COMBINED SINGLE (Ea accident)		\$\$1,00	,
	ANY AUTO							BODILY INJURY (Pe	r person)	\$	70,000
	OWNED SCHEDULED							BODILY INJURY (Pe	r accident)	\$	
	AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY							PROPERTY DAMAG (Per accident)	E	\$	
	AUTOS ONLY AUTOS ONLY							(Fer accident)		\$	
	UMBRELLA LIAB ✓ OCCUR			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURRENC	E	\$\$5,00	00 000
	✓ EXCESS LIAB CLAIMS-MADE							AGGREGATE	_	\$\$5,00	,
	DED RETENTION \$									\$.0,000
	WORKERS COMPENSATION							PER STATUTE	OTH- ER	*	
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE Y / N							E.L. EACH ACCIDEN		\$	
	OFFICER/MEMBEREXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA E			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLI			
В	Participant Accident Medical			UBH000005		9/1/2021	9/1/2022	\$100,000		•	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORD	101, Additional Remarks Schedu	le, may b	e attached if mor	e space is require	ed)			
 _{Th}	is cortificate is issued an hehalf of Michi	aan (2+o+o	Vouth Copper Apposition	0 Michi	aan Vauth Ca	ocar Lacaus				
Ce	is certificate is issued on behalf of Michi rtificate holder is Additional Insured as re	espec	cts th	e operations of the Named	Insure	ď for sanction	ed activities				
of t	the state association. Waiver of Subroga	tion a	appli	es when required by writter	n contra	ict.					
CE	RTIFICATE HOLDER				CANO	ELLATION					
k	eyworth Stadium							ESCRIBED POLICE			
3:	201 Roosevelt St							REOF, NOTICE Y PROVISIONS.	WILL E	DE DEL	IVEKED IN
	amtramck MI 48212				A SOLDANGE THE TELEVISION OF T						
					AUTHO	RIZED REPRESE	NTATIVE				
							J.	Jary D.	Pitt	UNG	n

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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 nolicy(les) must have ADDITIONAL INSURED provisions or be endorsed

	SUBROGATION IS WAIVED nis certificate does not confe), subject t	to th	ie ter	ms and conditions of th	e polic	y, certain po	olicies may i			t. A sta	atement on
	DUCER USI Insurance Se			-		CONTAC NAME:		<i>,</i> -				
	601 Union Street,	Suite 100				PHONE (A/C, No	- Evet. 2	206-441-6300		FAX (A/C, No):		
	Seattle, WA 9810 ²	1				E-MAIL ADDRES	SS:	-00 ++1 0000	'	(A/C, NO).		
						71221121		URER(S) AFFOR	DING COVERAGE			NAIC #
												10120
	JRED					INSURER B: QBE Insurance Corporation 39217						
M	lichigan State Youth Soc	cer Asso	ciat	ion		INSURER 6: QBE Illisurance Corporation 3921						
9,	401 General Drive, Suite Tymouth MI 48170	9 120				INSURE						
•	19111044111111 10170					INSURE	RE:					
						INSURE						
CO	VERAGES	CERT	IFIC	ATE	NUMBER: 63796401				REVISION NU	MBER:		
IN CI EX	HIS IS TO CERTIFY THAT THE IDICATED. NOTWITHSTANDIN ERTIFICATE MAY BE ISSUED XCLUSIONS AND CONDITIONS	IG ANY REC OR MAY P OF SUCH P	QUIR ERTA POLIC	EMEI AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF ANY	CONTRACT THE POLICIES REDUCED BY I	OR OTHER DESCRIBED PAID CLAIMS.	DOCUMENT WIT	H RESPE	CT TO V	WHICH THIS
INSR LTR	TYPE OF INSURANCE	A	NSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
Α	✓ COMMERCIAL GENERAL LIAE	BILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURREN		\$\$1,00	00,000
	CLAIMS-MADE ✓ 00	CCUR							DAMAGE TO REN PREMISES (Ea oc	TED currence)	\$\$300	,000
									MED EXP (Any one	e person)	\$ Exclu	ıded
									PERSONAL & AD\	'INJURY	\$\$1,00	00,000
	GEN'L AGGREGATE LIMIT APPLIES	PER:							GENERAL AGGRE	GATE	\$\$5,00	00,000
	POLICY PRO- JECT LOC								PRODUCTS - COM	IP/OP AGG	\$\$1,00	00,000
	OTHER:								Participant Leg	al Liabi	\$\$1,00	00,000
Α	├ ──				SI8GL01851-211		9/1/2021	9/1/2022	COMBINED SINGL (Ea accident)	E LIMIT	\$\$1,00	00,000
	ANY AUTO	D. II ED							BODILY INJURY (I	Per person)	\$	
	OWNED SCHE AUTO	DULED S OWNED							BODILY INJURY (I	,	\$	
	HIRED AUTOS ONLY AUTO	S ONLY							PROPERTY DAMA (Per accident)	GE	\$	
											\$	
		CCUR			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURREN	ICE	\$\$5,00	00,000
	✓ EXCESS LIAB CI	AIMS-MADE							AGGREGATE		\$ \$5,00	00,000
	DED RETENTION \$ WORKERS COMPENSATION								DED	OTH-	\$	
	AND EMPLOYERS' LIABILITY	Y/N							PER STATUTE	OTH- ER		
	ANYPROPRIETOR/PARTNER/EXECU OFFICER/MEMBER EXCLUDED?	TIVE -	N/A						E.L. EACH ACCIDI	ENT	\$	
	(Mandatory in NH) If yes, describe under								E.L. DISEASE - EA	EMPLOYEE	\$	
В	DÉSCRIPTION OF OPERATIONS bel Participant Accident Medical	ow			UBH000005		9/1/2021	9/1/2022	E.L. DISEASE - PO \$100,000	LICY LIMIT	\$	
Ь	Farticipant Accident Medical				ОБПООООО		9/1/2021	9/1/2022	\$100,000			
DES	CRIPTION OF OPERATIONS / LOCATI	ONS / VEHICLE	ES (A	CORD	101, Additional Remarks Schedul	e, may be	attached if more	e space is require	ed)			
Ce	is certificate is issued on behalf of Michigan State Youth Soccer Association & Michigan Youth Soccer League ortificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities the state association. Waiver of Subrogation applies when required by written contract.											
	DTIEICATE LIOL DED					CANO	ELLATION					
CE	RTIFICATE HOLDER				1	CANC	ELLATION					
1 !	imball High School 500 Lexington Blvd. loyal Oak MI 48073			THE	EXPIRATION	I DATE THE	ESCRIBED POLI EREOF, NOTICI Y PROVISIONS.					
						AUTHO	PIZEN PEDDESEI	NTATIVE				

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Gary D. Putterson



DATE (MM/DD/YYYY)

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•	subject to the terms and conditions of the	•		ii eliuoiseillelli. A si	atement on					
this certificate does not confer	rights to the certificate holder in lieu of s	uch endorseme	nt(s).							
PRODUCER USI Insurance Servi	ices NW	CONTACT NAME:								
601 Union Street, St	uite 1000	PHONE (A/C, No, Ext):	206-441-6300	FAX (A/C, No):						
Seattle, WA 98101		E-MAIL ADDRESS:								
			INSURER(S) AFFORDING COVE	RAGE	NAIC#					
		INSURER A: Eve	rest National Insurance Co	mpany	10120					
INSURED		INSURER B: QBE	Insurance Corporation		39217					
Michigan State Youth Socce 9401 General Drive, Suite 1	er Association	INSURER C:								
Plymouth MI 48170	120	INSURER D :								
•		INSURER E :								
		INSURER F:								
COVERAGES	CERTIFICATE NUMBER: 63796402		REVISIO	N NUMBER:						
	OLICIES OF INSURANCE LISTED BELOW HA									
	ANY REQUIREMENT, TERM OR CONDITION R MAY PERTAIN. THE INSURANCE AFFORD									
	F SUCH POLICIES. LIMITS SHOWN MAY HAVE			IO CODULOT TO THE	TIL TENNO,					

INSR LTR		TYPE OF INSURANCE		SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	^	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
								MED EXP (Any one person)	\$ Excluded
								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			SI8GL01851-211	9/1/2021	9/1/2022	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 VON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB ✓ OCCUR			SI8EX01724-211	9/1/2021	9/1/2022	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							\$
В	Part	ticipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000	

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 & Michigan Youth Soccer League 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
KINGSBURY COUNTRY DAY SCHOOL 5000 HOSNER RD ADDISON TOWNSHIP MI 48370	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 AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY) 9/9/2021

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	SUBROGATION IS WAIVED, subject is certificate does not confer rights t							require an endorsement.	A st	atement on
	DUCER USI Insurance Services N				CONTAC NAME:		<i>/</i> -			
	601 Union Street, Suite 10				PHONE (A/C, No	- Eve):	206-441-6300	FAX (A/C, No):		
	Seattle, WA 98101				E-MAIL ADDRES	,	-000 441 0000	(A/C, NO).		
					INSURER(S) AFFORDING COVERAGE NAIG					
					INCLIDE			rance Company		10120
INSU	RED						surance Corp			39217
M	lichigan State Youth Soccer Ass	ociat	ion		INSURE		surance corp	oration		09217
9,	401 General Drive, Suite 120 lymouth MI 48170				INSURE					
Г	iyinloutii wii 46170				INSURE					
					INSURE					
CO	VERAGES CER	TIFIC	ΔTF	NUMBER: 63796403	INSURE	кг.		REVISION NUMBER:		
	HIS IS TO CERTIFY THAT THE POLICIES				/E BEE	N ISSUED TO	THE INSURE		IE POL	ICY PERIOD
CI	IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	PERT	AIN,	THE INSURANCE AFFORDI	ED BY	THE POLICIE	S DESCRIBEI	D HEREIN IS SUBJECT TO		
INSR LTR	TYPE OF INSURANCE	ADDL INSD		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3	
Α	✓ COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022		\$\$1,00	00,000
	CLAIMS-MADE ✓ OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300	,000
								MED EXP (Any one person)	\$ Exclu	ıded
								PERSONAL & ADV INJURY	\$\$1,00	00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$\$5,00	00,000
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$\$1,00	00,000
	OTHER:							Participant Legal Liabi	\$\$1,00	00,000
Α	AUTOMOBILE LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,00	00,000
	ANY AUTO							BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
	HIRED AUTOS ONLY V AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB ✓ OCCUR			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,00	00,000
	✓ EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$\$5,00	00,000
	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)	N/A						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
В	Participant Accident Medical			UBH000005		9/1/2021	9/1/2022	\$100,000		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedul	e, may be	attached if mor	e space is requir	ed)		
Th	is certificate is issued on behalf of Mich	igan S	State	Youth Soccer Association	& Michi	gan Youth So	ccer League			
Ce	rtificate holder is Additional Insured as r	espec	cts th	e operations of the Named	Insure	d for sanction				
Of 1	the state association. Waiver of Subrog	ation a	арріі	es when required by writter	contra	.CT.				
CE	RTIFICATE HOLDER				CANC	ELLATION				
K 58	ochville Township 851 MACKINAW ROAD				THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL B Y PROVISIONS.		
S	AGINAW MI 48604									

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Gary D. Putterson

AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY) 9/9/2021

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	SUBROGATION IS WAIVED, subject s certificate does not confer rights t						require an endo	rsement	. A sta	atement on
PRODU	USI Insurance Services N	W		CONTA NAME:	СТ					
	601 Union Street, Suite 10	000		PHONE (A/C, No		206-441-6300)	FAX (A/C, No):		
	Seattle, WA 98101			E-MAIL ADDRE	SS:					
					INS	SURER(S) AFFOR	RDING COVERAGE			NAIC #
				INSURE	RA: Everest	National Insu	rance Company			10120
INSUR		: _ 4:		INSURE	RB: QBE Ins	surance Corp	oration			39217
IVII0	chigan State Youth Soccer Ass 01 General Drive, Suite 120	ociation		INSURER C:						
Ply	mouth MI 48170			INSURE	R D :					
,				INSURE	RE:					
				INSURE	RF:					
COV	ERAGES CER	TIFICATE	NUMBER: 63796404				REVISION NUM	IBER:		
IND CEI	S IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RETIFICATE MAY BE ISSUED OR MAY	QUIREME PERTAIN,	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN' ED BY	Y CONTRACT THE POLICIE	OR OTHER I	DOCUMENT WITH D HEREIN IS SUE	RESPEC	CT TO V	WHICH THIS
INSR	CLUSIONS AND CONDITIONS OF SUCH	ADDL SUBR		BEEN	POLICY EFF	POLICY EXP			_	
LTR	TYPE OF INSURANCE	INSD WVD	POLICY NUMBER			(MM/DD/YYYY)		LIMIT	5	
Α _	COMMERCIAL GENERAL LIABILITY		SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENC		\$\$1,00	00,000
	CLAIMS MADE / OCCUP						DAMAGE TO RENTE	-υ (ተ ቀኃሰብ	000

LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	s
Α	/	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE DAMAGE TO RENTED	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						PREMISES (Ea occurrence)	\$\$300,000
								MED EXP (Any one person)	\$ Excluded
								PERSONAL & ADV INJURY	\$\$1,000,000
	GEI	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$\$5,000,000
		POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$\$1,000,000
		OTHER:						Participant Legal Liabi	\$\$1,000,000
Α	ΑU	TOMOBILE LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	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			SI8EX01724-211	9/1/2021	9/1/2022	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 ICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Mai	ndatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$
	If ye DES	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Par	ticipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000	·

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

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CERTIFICATE HOLDER	CANCELLATION
Kyiv Estates 10558 McNally Road Whitmore Lake MI 48189	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) 9/9/2021

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	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).									
	DUCER USI Insurance Services N		Cert	incate noider in ned or si	CONTA NAME:		·)-			
	601 Union Street, Suite 10		PHONE (A/C, No	o, Ext):	206-441-6300		FAX (A/C, No):			
	Seattle, WA 98101		E-MAIL ADDRE	SS:						
						INS	SURER(S) AFFOR	RDING COVERAGE		NAIC#
					INSURE	RA: Everest	National Insu	rance Company		10120
INSU	· 	:			INSURE	кв: QBE Ins	surance Corp	oration		39217
IVI Q∠	ichigan State Youth Soccer Asso 101 General Drive, Suite 120	ociat	ion		INSURE	RC:				
ΡΊ	ymouth MI 48170				INSURE	RD:				
	•				INSURE	RE:				
					INSURE	RF:				
CO	/ERAGES CER	TIFIC	ATE	NUMBER: 63796405				REVISION NUM	IBER:	
	IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE									
CE	ERTIFICATE MAY BE ISSUED OR MAY	PERT	AIN,	THE INSURANCE AFFORD	ED BY	THE POLICIE	S DESCRIBE	D HEREIN IS SUE		
	CLUSIONS AND CONDITIONS OF SUCH				BEEN F					
INSR LTR	TYPE OF INSURANCE	ADDL: INSD				POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	
Α	✓ COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENC		\$1,000,000
								DAMACE TO DENTE		

LIK		TIFE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	3
Α	/	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
								MED EXP (Any one person)	\$ Excluded
								PERSONAL & ADV INJURY	\$\$1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$\$5,000,000
		POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$\$1,000,000
		OTHER:						Participant Legal Liabi	\$\$1,000,000
Α	AU1	TOMOBILE LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	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			SI8EX01724-211	9/1/2021	9/1/2022	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)	117.7					E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Par	ticipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000	

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 & Michigan Youth Soccer League 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.

Macomb Mi 48042	AUTHORIZED REPRESENTATIVE Hay D. Patterson
L'Anse Creuse High School North 23700 Twenty One Mile Road Macomb MI 48042	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) 9/9/2021

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 lieu of such endorsement(s).								
PRODUCER USI Insurance Services NW	CONTACT NAME:							
601 Union Street, Suite 1000	PHONE (A/C, No, Ext): 206-441-6300 (A/C, No):							
Seattle, WA 98101	E-MAIL ADDRESS:							
	INSURER(S) AFFORDING COVERAGE	NAIC#						
	INSURER A: Everest National Insurance Company	10120						
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER B: QBE Insurance Corporation 39217							
	INSURER C:							
Plymouth MI 48170	INSURER D:							
,	INSURER E :							
	INSURER F:							
COVERAGES CERTIFICATE NUMBER: 63796406	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 SUBR INSD WVD POLICY EFF POLICY EXP (MM/DD/YYYY) INSR LTR **TYPE OF INSURANCE** POLICY NUMBER LIMITS **COMMERCIAL GENERAL LIABILITY** Α SI8GI 01851-211 9/1/2021 9/1/2022 EACH OCCURRENCE DAMAGE TO RENTED \$\$1,000,000 CLAIMS-MADE / OCCUR \$\$300,000 PREMISES (Ea occurrence) MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$\$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$\$5,000,000 PRO-JECT POLICY LOC PRODUCTS - COMP/OP AGG \$\$1,000,000 OTHER: Participant Legal Liabi \$\$1,000,000 COMBINED SINGLE LIMIT (Ea accident) Α **AUTOMOBILE LIABILITY** SI8GL01851-211 9/1/2021 9/1/2022 \$\$1,000,000 ANY AUTO BODILY INJURY (Per person) SCHEDULED AUTOS NON-OWNED OWNED AUTOS ONLY HIRED BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTOS ONLY **AUTOS ONLY** UMBRELLA LIAB SI8EX01724-211 9/1/2021 9/1/2022 / OCCUR EACH OCCURRENCE \$\$5,000,000 **EXCESS LIAB** CLAIMS-MADE **AGGREGATE** \$\$5,000,000 DED RETENTION \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? 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 UBH000005 9/1/2021 9/1/2022 Participant Accident Medical \$100,000

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 & Michigan Youth Soccer League 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
L'Anse Creuse Middle School-South 34641 Jefferson Avenue Harrison Township MI 48045	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 Serve 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.

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	this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).											
PRODUCER USI Insurance Services NW						CONTACT NAME:						
601 Union Street, Suite 1000					PHONE (A/C, No, Ext): 206-441-6300 (A/C, No):							
	Seattle, WA 98101			E-MAIL ADDRESS:								
						NAIC#						
					INSURE	10120						
INSU		:			INSURE	39217						
Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth MI 48170				INSURER C:								
				INSURE								
						INSURER E :						
					INSURE	RF:						
CO	/ERAGES CER	TIFIC	ATE	NUMBER: 63796407	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 TER												
	CLUSIONS AND CONDITIONS OF SUCH				BEEN F							
INSR LTR	TYPE OF INSURANCE	ADDL INSD		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
Α	✓ COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,0	00,000		

LTR	TR TYPE OF INSURANCE			WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS		
Α	1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000	
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000	
								MED EXP (Any one person)	\$ Excluded	
								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			SI8GL01851-211	9/1/2021	9/1/2022	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			SI8EX01724-211	9/1/2021	9/1/2022	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	\$	
	(Mar	datory in NH)						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
В	Part	icipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000	·	

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

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CERTIFICATE HOLDER	CANCELLATION
LADYWOOD HIGH SCHOOL 14680 NEWBURGH ROAD LIVONIA MI 48154	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) 9/9/2021

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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 USI Insurance Services NW NAM					CONTA NAME:	СТ					
	601 Union Street, Suite 10				PHONE (A/C, No	. Evt\.	206-441-6300) FAX (A/C, No):			
Seattle, WA 98101					E-MAIL ADDRE	SS:	200 441 0000	(A/C, NO).			
						IN:	SURER(S) AFFOR	RDING COVERAGE		NAIC#	
					INSURE		10120				
INSU					INSURE	RВ: QBE In	surance Corp	oration		39217	
M 9	ichigan State Youth Soccer Ass 101 General Drive, Suite 120	ocia	tion		INSURE						
P	ymouth MI 48170				INSURE						
	•				INSURER E :						
					INSURER F:						
				NUMBER: 63796408				REVISION NUMBER:			
IN CI EX	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RETIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT POLI	REME AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	of an' Ed by	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS	DOCUMENT WITH RESPECT TO	CT TO V	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S		
Α	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE DAMAGE TO RENTED	\$\$1,00	· ·	
	CLAIMS-MADE ✓ OCCUR							PREMISES (Ea occurrence) \$\$3		,000	
								MED EXP (Any one person)	\$ Exclu		
								PERSONAL & ADV INJURY	\$\$1,000,000 \$\$5,000,000		
	POLICY PRO- JECT LOC							GENERAL AGGREGATE		·	
								PRODUCTS - COMP/OP AGG	\$\$1,00	-,	
Α	OTHER: AUTOMOBILE LIABILITY			SI8GL01851-211	9/1/2021	9/1/2021	9/1/2022	Participant Legal Liabi COMBINED SINGLE LIMIT			
, ,	ANY AUTO			0.00.201001211		07.17202.1	02022	(Ea accident) BODILY INJURY (Per person)	\$	<i>1</i> 0,000	
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
	AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
	AGTOG GNET							(i or decident)	\$		
	UMBRELLA LIAB ✓ OCCUR			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5.00	00,000	
	✓ EXCESS LIAB CLAIMS-MADE	:						AGGREGATE	\$\$5,00	00,000	
	DED RETENTION \$								\$		
	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	Participant Accident Medical			UBH000005		9/1/2021	9/1/2022	\$100,000			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORE	0 101, Additional Remarks Schedul	e, may b	e attached if mor	re space is requir	ed)			
This certificate is issued on behalf of Michigan State Youth Soccer Association & Michigan Youth Soccer League 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.											
CEI	CERTIFICATE HOLDER CANCELLATION										
La 2	ake Orion Civic Center 525 Joslyn Road ake Orion MI 48360				SHO THE	ULD ANY OF	THE ABOVE D	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E Y PROVISIONS.			

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Gary D. Putterson

AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY)

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this certificate does not confer rights to th		uch endorsement(s).							
PRODUCER USI Insurance Services NW		CONTACT NAME:							
601 Union Street, Suite 1000		PHONE (A/C, No, Ext): 206-441-6300 FAX (A/C, No):							
Seattle, WA 98101		E-MAIL ADDRESS:							
		INSURER(S) AFFORDING COVERAGE	NAIC#						
		INSURER A: Everest National Insurance Company	10120						
INSURED	-4:	INSURER B: QBE Insurance Corporation	39217						
Michigan State Youth Soccer Associa 9401 General Drive, Suite 120	ation	INSURER C:							
Plymouth MI 48170		INSURER D :							
·		INSURER E :							
		INSURER F:							
COVERAGES CERTIF	ICATE NUMBER: 63796409	REVISION NUMBER:							
INDICATED. NOTWITHSTANDING ANY REQUI CERTIFICATE MAY BE ISSUED OR MAY PER	REMENT, TERM OR CONDITION TAIN, THE INSURANCE AFFORD	AVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE PO OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO DED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL	WHICH THIS						
EXCLUSIONS AND CONDITIONS OF SUCH POL	ICIES. LIMITS SHOWN MAY HAVE	BEEN REDUCED BY PAID CLAIMS.							

POLICY EFF POLICY EXP INSR LTR ADDL SUBR TYPE OF INSURANCE POLICY NUMBER LIMITS INSD WVD Α **COMMERCIAL GENERAL LIABILITY** SI8GL01851-211 9/1/2021 9/1/2022 EACH OCCURRENCE DAMAGE TO RENTED \$\$1,000,000 CLAIMS-MADE ✓ OCCUR \$\$300,000 PREMISES (Ea occurrence) MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$\$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$\$5,000,000 PRO-JECT POLICY LOC PRODUCTS - COMP/OP AGG \$\$1,000,000 \$\$1,000,000 OTHER: Participant Legal Liabi COMBINED SINGLE LIMIT (Ea accident) Α **AUTOMOBILE LIABILITY** SI8GL01851-211 9/1/2021 9/1/2022 \$\$1,000,000 ANY AUTO BODILY INJURY (Per person) SCHEDULED AUTOS NON-OWNED OWNED AUTOS ONLY HIRED BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTOS ONLY **AUTOS ONLY** UMBRELLA LIAB SI8EX01724-211 9/1/2021 9/1/2022 / OCCUR EACH OCCURRENCE \$\$5,000,000 **EXCESS LIAB CLAIMS-MADE AGGREGATE** \$\$5,000,000 DED RETENTION \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? 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 UBH000005 9/1/2021 Participant Accident Medical 9/1/2022 \$100,000

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

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CERTIFICATE HOLDER	CANCELLATION
LAKE ORION HIGH SCHOOL 495 E SCRIPPS RD LAKE ORION MI 48360	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) 9/9/2021

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

	SUBROGATION IS WAIVED, subject is certificate does not confer rights to							require an endorsement.	A sta	itement on
PRO	DUCER USI Insurance Services N	W			CONTACT NAME:					
	601 Union Street, Suite 10				PHONE FAX					
Seattle, WA 98101					E-MAIL		t): 206-441-6300 (A/C, No):			
					E-MAIL ADDRESS:					
								RDING COVERAGE		NAIC#
INSU	nen.							irance Company		10120
	ichigan State Youth Soccer Ass	ocia	tion		INSURE	RB: QBE Ins	surance Corp	oration		39217
94	101 General Drive, Suite 120	00.4			INSURE	RC:				
Р	ymouth MI 48170				INSURE	RD:				
					INSURE	RE:				
					INSURE	RF:				
				NUMBER: 63796410				REVISION NUMBER:		
IN CI EX	IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RI ERTIFICATE MAY BE ISSUED OR MAY (CLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT POLI	REME AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIE: REDUCED BY I	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPECT D HEREIN IS SUBJECT TO A	TO V	VHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
Α	✓ COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE \$	\$1,00	0,000
	CLAIMS-MADE ✓ OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$	\$300,	000
								MED EXP (Any one person) \$	Exclu	ded
								PERSONAL & ADV INJURY \$	\$1,00	0,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$	\$5,00	0,000
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG \$	\$1,00	0.000	
	OTHER:								\$1,00	,
Α	AUTOMOBILE LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	COMPINED ONIOLE LIMIT	\$1,00	
	ANY AUTO							BODILY INJURY (Per person) \$		0,000
	OWNED SCHEDULED							BODILY INJURY (Per accident) \$		
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE (Per accident) \$		
	AUTOS ONLY AUTOS ONLY							(Per accident) \$		
	UMBRELLA LIAB / OCCUP			SI8EX01724-211		9/1/2021	9/1/2022			0.000
	/ EVOESSALAR			OIOEXOTTE4 ETT		0/1/2021	OTTLOLL		\$5,00	,
	CLAIWS-WADE								\$5,00	0,000
	DED RETENTION \$ WORKERS COMPENSATION							PER OTH- STATUTE ER		
	AND EMPLOYERS' LIABILITY Y / N									
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT \$		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE \$		
В	DÉSCRIPTION OF OPERATIONS below Participant Accident Medical	-		UBH000005		9/1/2021	9/1/2022	E.L. DISEASE - POLICY LIMIT \$ \$ 100,000		
Ь	rancipant Accident Medical			ОВНООООО		9/1/2021	9/1/2022	\$100,000		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORD	101, Additional Remarks Schedu	e, may b	e attached if more	e space is requir	ed)		
Ce	s certificate is issued on behalf of Mich rtificate holder is Additional Insured as he state association. Waiver of Subrog	respe	cts th	e operations of the Named	Insure	ď for sanction				
CEI	RTIFICATE HOLDER				CANO	ELLATION				
Lakers High School Varsity Field 6136 Pigeon Road Pigeon MI 48755						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				

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Gary D. Putterson

AUTHORIZED REPRESENTATIVE

Gary Patterson



DATE (MM/DD/YYYY)

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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 lieu of s	uch endorsement(s).					
PRODUCER USI Insurance Services NW	CONTACT NAME:					
601 Union Street, Suite 1000	PHONE (A/C, No, Ext): 206-441-6300 FAX (A/C, No):					
Seattle, WA 98101	E-MAIL ADDRESS:					
	INSURER(S) AFFORDING COVERAGE	NAIC#				
	INSURER A: Everest National Insurance Company	10120				
INSURED	INSURER B: QBE Insurance Corporation 39217					
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:					
Plymouth MI 48170	INSURER D:					
,	INSURER E :					
	INSURER F:					
COVERAGES CERTIFICATE NUMBER: 63796411	REVISION NUMBER:					
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA						
I INDICATED NOTWITHSTANDING ANY REQUIREMENT TERM OR CONDITION	OF ANY CONTRACT OR OTHER DOCLIMENT WITH RESPECT TO I	MUICH THIS I				

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. POLICY EFF POLICY EXP (MM/DD/YYYY) ADDL SUBR TYPE OF INSURANCE POLICY NUMBER LIMITS LTR INSD WVD **COMMERCIAL GENERAL LIABILITY** Α SI8GL01851-211 9/1/2021 9/1/2022 EACH OCCURRENCE DAMAGE TO RENTED \$\$1,000,000 CLAIMS-MADE ✓ OCCUR \$\$300,000 PREMISES (Ea occurrence)

MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$\$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$\$5,000,000 PRO-JECT POLICY LOC PRODUCTS - COMP/OP AGG \$\$1,000,000 \$\$1,000,000 OTHER: Participant Legal Liabi COMBINED SINGLE LIMIT (Ea accident) Α **AUTOMOBILE LIABILITY** SI8GL01851-211 9/1/2021 9/1/2022 \$\$1,000,000 ANY AUTO BODILY INJURY (Per person) SCHEDULED AUTOS NON-OWNED OWNED AUTOS ONLY HIRED BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTOS ONLY **AUTOS ONLY** UMBRELLA LIAB SI8EX01724-211 9/1/2021 9/1/2022 / OCCUR EACH OCCURRENCE \$\$5,000,000 **EXCESS LIAB CLAIMS-MADE AGGREGATE** \$\$5,000,000 DED RETENTION \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? 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 UBH000005 9/1/2021 Participant Accident Medical 9/1/2022 \$100,000

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 & Michigan Youth Soccer League 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 21100 11 MILE ROAD ST. CLAIR SHORES MI 48081	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)

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the noticy/ies) must have ADDITIONAL INSURED provisions or be endorsed

If SUBROGA	TION IS WAIVED, subject te does not confer rights t	to the ter	ms and conditions of th	ne polic uch end	y, certain po dorsement(s	olicies may ı	•		
601	Insurance Services N Union Street, Suite 10 ttle, WA 98101		PHONE (A/C, NO E-MAIL ADDRES	o, Ext): 2	206-441-6300	FAX (A/C, No):			
				ADDRES		SURER(S) AFFOR	RDING COVERAGE		NAIC#
				INSURE	RA: Everest	National Insu	rance Company		10120
INSURED				INSURE	кв: QBE Ins	surance Corp	oration		39217
	tate Youth Soccer Ass ral Drive, Suite 120	ociation		INSURE	RC:				
Plymouth N				INSURE	RD:				
•				INSURE					
				INSURE	RF:				
COVERAGES	CER	TIFICATE	NUMBER: 63796412				REVISION NUMBER:		
INDICATED. I	ERTIFY THAT THE POLICIES NOTWITHSTANDING ANY RI	EQUIREME	NT, TERM OR CONDITION	OF AN'	Y CONTRACT	OR OTHER I	DOCUMENT WITH RESPE	CT TO V	WHICH THIS
	MAY BE ISSUED OR MAY AND CONDITIONS OF SUCH	POLICIES.	LIMITS SHOWN MAY HAVE					O ALL T	HE TERMS,
INSR LTR	YPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A COMME	RCIAL GENERAL LIABILITY		SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,00	0,000
CL	AIMS-MADE 🗸 OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300	,000
							MED EXP (Any one person)	\$ Exclu	ded
							DEDCOMAL & ADVINUIDY	64 00	ا ممم مر

Α	<	COMMERCIAL GENERAL LIABILITY		SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
							MED EXP (Any one person)	\$ Excluded
							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		SI8GL01851-211	9/1/2021	9/1/2022	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		SI8EX01724-211	9/1/2021	9/1/2022	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 Y / N	N/A				E.L. EACH ACCIDENT	\$
	OFFICER/MEMBEREXCLUDED? (Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$
		s, describe under CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
В	Part	icipant Accident Medical		UBH000005	9/1/2021	9/1/2022	\$100,000	

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 & Michigan Youth Soccer League 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
Lamphere High School 610 W 13 Mile Road Madison Heights MI 48071	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) 9/9/2021

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed

	UBROGATION IS WAIVED, subject certificate does not confer rights	t to th	ne tei	rms and conditions of th	ne polic	cy, certain p	olicies may	•	rsement	. A st	atement on
PRODU	ICER USI Insurance Services N	W			CONTA NAME:	СТ					
	601 Union Street, Suite 10				PHONE (A/C, No		206-441-6300)	FAX (A/C, No):		
	Seattle, WA 98101				E-MAIL ADDRE			<u> </u>			
						INS	SURER(S) AFFOR	RDING COVERAGE			NAIC#
					INSURE	RA: Everest	National Insu	rance Company			10120
INSUR					INSURE	кв: QBE Ins	surance Corp	oration			39217
NII0	chigan State Youth Soccer Ass 11 General Drive, Suite 120	ociai	ion		INSURE	RC:					1
	mouth MI 48170				INSURER D:						
					INSURER E :					1	
					INSURE	RF:					
COV	ERAGES CEF	RTIFIC	CATE	NUMBER: 63796413				REVISION NUM	/IBER:		
	S IS TO CERTIFY THAT THE POLICIES ICATED. NOTWITHSTANDING ANY R										
	RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH								BJECT TO	ALL 7	THE TERMS,
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
Α ,	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENC		\$\$1,00	00,000
	CLAIMS-MADE ✓ OCCUR							DAMAGE TO RENTE PREMISES (Ea occu		\$\$300	,000
											·

LIK		THE OF INCOMMINE	INSD	WVD	POLICT NUMBER	(IVIIVI/DD/TTTT)		E111111	•
Α	1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
								MED EXP (Any one person)	\$ Excluded
								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			SI8GL01851-211	9/1/2021	9/1/2022	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			SI8EX01724-211	9/1/2021	9/1/2022	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 7/N	N/A					E.L. EACH ACCIDENT	\$
	(Mar	CER/MEMBEREXCLUDED?						E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Par	ticipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000	_

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

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CERTIFICATE HOLDER	CANCELLATION
Lansing City Futsal Arena 906 Elmwood Road Lansing MI 48917	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) 9/9/2021

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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 confe	r rights to the	certificate holder in lieu of s		s).						
PRODUCER USI Insurance Ser	vices NW		CONTACT NAME:							
601 Union Street,	Suite 1000		PHONE (A/C, No, Ext):	206-441-6300	FAX (A/C, No):					
Seattle, WA 98101			E-MAIL ADDRESS:							
			IN	ISURER(S) AFFOR	DING COVERAGE	NAIC#				
			INSURER A: Everes	t National Insur	ance Company	10120				
INSURED CLOSE Very Head Const			INSURER B: QBE In	surance Corpo	ration	39217				
Michigan State Youth Soc 9401 General Drive, Suite	cer Associati : 120	on	INSURER C :							
Plymouth MI 48170	120		INSURER D :							
-			INSURER E :							
			INSURER F:							
COVERAGES	CERTIFIC	ATE NUMBER: 63796414		F	REVISION NUMBER:					
THIS IS TO CERTIFY THAT THE										
INDICATED. NOTWITHSTANDIN										
CERTIFICATE MAY BE ISSUED EXCLUSIONS AND CONDITIONS					HEREIN IS SUBJECT TO	ALL THE TERMS,				
INSR	ADDLIS		POLICY EFF	POLICY EXP						
LTR TYPE OF INSURANCE	INSD V			(MM/DD/YYYY)	LIMITS					
		01001 04054 044	0/4/0004	0/4/0000						

INSR		TYPE OF INSURANCE		SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	
Α	1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
								MED EXP (Any one person)	\$ Excluded
								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			SI8GL01851-211	9/1/2021	9/1/2022	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			SI8EX01724-211	9/1/2021	9/1/2022	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)						E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Par	ticipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000	

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

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CERTIFICATE HOLDER	CANCELLATION
Lapeer Area Sports Entertainment Rink 2100 N Lapeer Road Lapeer MI 48446	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)

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this certificate does not confer rights to the certificate	e holder in lieu of such endorsement(s).	
PRODUCER USI Insurance Services NW	CONTACT NAME:	
601 Union Street, Suite 1000	PHONE (A/C, No, Ext): 206-441-6300 FAX (A/C, No):	
Seattle, WA 98101	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC#
	INSURER A: Everest National Insurance Company	10120
INSURED	INSURER B: QBE Insurance Corporation	39217
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:	
Plymouth MI 48170	INSURER D :	
	INSURER E :	
	INSURER F:	
COVERAGES CERTIFICATE NUI	MBER: 63796415 REVISION NUMBER:	
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE	LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR TH	IE POLICY PERIOD

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		ADDL SU		POLICY EFF	POLICY EXP	LIMIT	e
A A	COMMERCIAL GENERAL LIABILITY	INSD W	SI8GL01851-211	9/1/2021	9/1/2022		
^	COMMERCIAL GENERAL LIABILITY		518GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE DAMAGE TO RENTED	\$\$1,000,000
	CLAIMS-MADE ✓ OCCUR					PREMISES (Ea occurrence)	\$\$300,000
						MED EXP (Any one person)	\$ Excluded
						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		SI8GL01851-211	9/1/2021	9/1/2022	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		SI8EX01724-211	9/1/2021	9/1/2022	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	Participant Accident Medical		UBH000005	9/1/2021	9/1/2022	\$100,000	

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

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CERTIFICATE HOLDER CA	ANCELLATION
LAPEER COMMUNITY SCHOOL SOCCER FIELD	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	UTHORIZED REPRESENTATIVE Lary D. Patterson
Ga	Gary Patterson



DATE (MM/DD/YYYY) 9/9/2021

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed

	SUBROGATION IS WAIVED, subject certificate does not confer rights to	to the	terms and conditions of th	e polic uch en	cy, certain po dorsement(s	olicies may		rsement.	A statement on	
PRODU	JCER USI Insurance Services N	W		CONTACT NAME:						
	601 Union Street, Suite 10	PHONE (A/C, No		206-441-6300)	FAX (A/C, No):				
	Seattle, WA 98101			E-MAIL ADDRE	SS:					
					INS	URER(S) AFFOR	DING COVERAGE		NAIC#	
				INSURE	RA: Everest	National Insu	rance Company		10120	
INSUR				INSURE	кв: QBE Ins	surance Corp	oration		39217	
Mid	chigan State Youth Soccer Ass 01 General Drive, Suite 120	ociatio	n	INSURE	RC:					
	mouth MI 48170			INSURE	RD:					
,				INSURER E :						
				INSURER F:						
cov	ERAGES CER	TIFICA	TE NUMBER: 63796416				REVISION NUM	IBER:		
IND	S IS TO CERTIFY THAT THE POLICIES ICATED. NOTWITHSTANDING ANY RE	EQUIREN	MENT, TERM OR CONDITION	OF AN'	Y CONTRACT	OR OTHER I	DOCUMENT WITH	RESPEC	T TO WHICH THIS	
	RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH		,					BJECT TO	ALL THE TERMS,	
INSR LTR	TYPE OF INSURANCE	ADDL SU	BR	DELITI	POLICY EFF (MM/DD/YYYY)	POLICY EXP		LIMITS		_
A	COMMERCIAL GENERAL LIABILITY	INSD W	SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENC		\$\$1.000.000	
	CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTE PREMISES (Ea occur	D	\$\$300,000	_
							MED EXP (Any one p	person)	\$ Excluded	
									- #4 000 000	

PERSONAL & ADV INJURY \$\$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$\$5,000,000 PRO-JECT LOC POLICY PRODUCTS - COMP/OP AGG \$\$1,000,000 OTHER: Participant Legal Liabi \$\$1,000,000 COMBINED SINGLE LIMIT (Ea accident) Α **AUTOMOBILE LIABILITY** SI8GL01851-211 9/1/2021 9/1/2022 \$\$1,000,000 ANY AUTO BODILY INJURY (Per person) OWNED AUTOS ONLY HIRED SCHEDULED AUTOS NON-OWNED BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTOS ONLY **AUTOS ONLY** UMBRELLA LIAB SI8EX01724-211 9/1/2021 9/1/2022 / OCCUR EACH OCCURRENCE \$\$5,000,000 **EXCESS LIAB** CLAIMS-MADE AGGREGATE \$\$5,000,000 DED RETENTION \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? 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 UBH000005 9/1/2021 9/1/2022 Participant Accident Medical \$100,000

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 & Michigan Youth Soccer League 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
Lapeer Community Schools 1025 West Neppessing Lapeer MI 48441	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 confer rights to the certificate holder in lieu of s		atement on					
PRODUCER USI Insurance Services NW	CONTACT NAME:						
601 Union Street, Suite 1000	PHONE (A/C, No, Ext): 206-441-6300 FAX (A/C, No):						
Seattle, WA 98101	E-MAIL ADDRESS:						
	INSURER(S) AFFORDING COVERAGE	NAIC#					
	INSURER A: Everest National Insurance Company	10120					
INSURED	INSURER B: QBE Insurance Corporation	39217					
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:						
Plymouth MI 48170	INSURER D:						
	INSURER E:						
	INSURER F:						
COVERAGES CERTIFICATE NUMBER: 63796417	REVISION NUMBER:						
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION							
CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORD							
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE							
INSR LTR TYPE OF INSURANCE ADDL SUBR INSD WVD POLICY NUMBER	POLICY EFF (MM/DD/YYYY) (MM/DD/YYYY) LIMITS						

LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	s
Α	/	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE DAMAGE TO RENTED	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						PREMISES (Ea occurrence)	\$\$300,000
								MED EXP (Any one person)	\$ Excluded
								PERSONAL & ADV INJURY	\$\$1,000,000
	GEI	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$\$5,000,000
		POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$\$1,000,000
		OTHER:						Participant Legal Liabi	\$\$1,000,000
Α	ΑU	TOMOBILE LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	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			SI8EX01724-211	9/1/2021	9/1/2022	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 ICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Mai	ndatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$
	If ye DES	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Par	ticipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000	·

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 & Michigan Youth Soccer League 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
LAPEER EAST NORTH FIELD 817 SOUTH SAGINAW ST. LAPEER MI 48446	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 LANGE D. Patterson
	Gary Patterson



DATE (MM/DD/YYYY) 9/9/2021

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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 this certificate does not confer rights to the certificate holder in lieu of si										require an endorsement.	A sta	atement on
_		R USI Insuranc			, сеге	incate notaer in nea or st	CONTACT					
		601 Union St	reet, Suite 10	000			NAME: FAX PHONE (A/C, No, Ext): 206-441-6300 (A/C, No):					
		Seattle, WA	98101				E-MAIL ADDRE	o, Ext): 4	206-441-6300) (A/C, No):		
							ADDRE					
										RDING COVERAGE		NAIC#
										irance Company		10120
	JRED (lichi	igan State Youth	n Soccer Asso	ocia:	tion		INSURE	RB: QBE Ins	surance Corp	oration		39217
9	401	General Drive,	Suite 120	Joia			INSURE	RC:				
P	ʻlym	outh MI 48170					INSURE	RD:				
							INSURE	RE:				
							INSURE	RF:				
_		RAGES				NUMBER: 63796418				REVISION NUMBER:		
										ED NAMED ABOVE FOR TH DOCUMENT WITH RESPEC		
c	ERTI	FICATE MAY BE IS	SSUED OR MAY	PERT	AIN,	THE INSURANCE AFFORD	ED BY	THE POLICIE	S DESCRIBE	D HEREIN IS SUBJECT TO		
		JSIONS AND CONDI	TIONS OF SUCH			LIMITS SHOWN MAY HAVE	BEEN F					
INSR LTR		TYPE OF INSUI		INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	i	
Α	1	COMMERCIAL GENER	AL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE S	\$ \$1,00	00,000
		CLAIMS-MADE	✓ OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300	,000
										MED EXP (Any one person)	\$ Exclu	ıded
										PERSONAL & ADV INJURY	\$ \$1,00	00,000
	GEN	N'L AGGREGATE LIMIT A	APPLIES PER:							GENERAL AGGREGATE	\$\$5,000,000	
		POLICY PRO- JECT	LOC							PRODUCTS - COMP/OP AGG	\$\$1,000,000	
		OTHER:								Participant Legal Liabi	\$\$1,00	00,000
Α	AUT	TOMOBILE LIABILITY				SI8GL01851-211		9/1/2021	9/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000	
		ANY AUTO									\$	
		OWNED AUTOS ONLY	SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
	/	HIRED AUTOS ONLY	NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
		7.0100 0.1.2.	7.0.00 0.12.								\$	
		UMBRELLA LIAB	✓ OCCUR			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURRENCE S	\$ \$5.00	00,000
	1	EXCESS LIAB	CLAIMS-MADE									00,000
		DED RETENTION	ON \$								\$	
		RKERS COMPENSATION								PER OTH- STATUTE ER		
		PROPRIETOR/PARTNER								<u> </u>	\$	
		ICER/MEMBEREXCLUDE ndatory in NH)	ED?	N/A						E.L. DISEASE - EA EMPLOYEE		
	If yes	s, describe under CRIPTION OF OPERATION	ONS below							E.L. DISEASE - POLICY LIMIT		
В		ticipant Accident M				UBH000005		9/1/2021	9/1/2022	\$100,000	*	
DES	CRIPT	TION OF OPERATIONS /	LOCATIONS / VEHICI	LES (A	CORD	101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requir	ed)		
					. .	V 11 0 A 111						
						Youth Soccer Association e operations of the Named						
of	the s	state association. V	Vaiver of Subroga	ation	appli	es when required by writter	n contra	act.				
ᄕ	DTIE	ICATE HOLDER					CANG	CELLATION				
	1 1 1 1 1	IONIL HOLDER					CAN	JELEA HON				
							SHC	OULD ANY OF	THE ABOVE D	ESCRIBED POLICIES BE CA	NCELL	ED BEFORE
		n Soccer Field Vorhies Rd								EREOF, NOTICE WILL BE	E DEL	LIVERED IN
		Arbor MI 48105	5				ACC	ORDANCE WI	IN INE PULIC	CY PROVISIONS.		
							AUTHORIZED REPRESENTATIVE					

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Gary D. Putterson

Gary Patterson



DATE (MM/DD/YYYY) 9/9/2021

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed

	SUBROGATION IS WAIVED, subject to the term secrificate does not confer rights to the certific	ns and conditions of the pol cate holder in lieu of such e	licy, certain pendorsement(s	olicies may		ement. A st	atement on
PROD	USI Insurance Services NW	CONT					
	601 Union Street, Suite 1000	PHON (A/C.	IE No, Ext):	206-441-6300	FAX (A/C	X C. No):	
	Seattle, WA 98101	E-MAI ADDR	L			, -,	
			INS	SURER(S) AFFOR	RDING COVERAGE		NAIC#
		INSUF	RERA: Everest	National Insu	rance Company		10120
INSUR	TT	INSUF	RERB: QBE Ins	surance Corp	oration		39217
Mic	chigan State Youth Soccer Association 01 General Drive, Suite 120	INSUF	RER C :				
PI\	mouth MI 48170	INSUF	INSURER D:				
,		INSUF	INSURER E :				
		INSUF	INSURER F:				
cov	ERAGES CERTIFICATE N	NUMBER: 63796419			REVISION NUMBE	ER:	
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.						WHICH THIS	
INSR LTR	TYPE OF INSURANCE ADDL SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	
Α	✓ COMMERCIAL GENERAL LIABILITY SI	I8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,0	00,000
	CLAIMS-MADE 🗸 OCCUR				DAMAGE TO RENTED PREMISES (Ea occurrent	s \$300	,000
					MED EXP (Any one perso	on) \$ Excl	ıded

LIN	.IK			44 A D	I OLIOT NOMBER				~
Α	/	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
								MED EXP (Any one person)	\$ Excluded
								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	AU1	OMOBILE LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	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			SI8EX01724-211	9/1/2021	9/1/2022	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 7/N	N/A					E.L. EACH ACCIDENT	\$
	OFFICER/MEMBEREXCLUDED? (Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Par	ticipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000	

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 & Michigan Youth Soccer League 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
Larson Middle School 2222 E Long Lake Road Troy MI 48085	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)

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this certificate does not confer rights to the certificate holder in fleu of such endorsement(s).								
PRODUCER USI Insurance Service	es NW	CONTACT NAME:						
601 Union Street, Sui	te 1000	PHONE (A/C, No, Ext): 206-441-6300 (A/C, No):						
Seattle, WA 98101		E-MAIL ADDRESS:						
			INSURER(S) AFFORDING COVE	RAGE	NAIC#			
		INSURER A: Eve	mpany	10120				
INSURED CLARA VALUE CONTROL	Accession	INSURER B: QBE Insurance Corporation 39217						
Michigan State Youth Soccer 9401 General Drive, Suite 12	Association O	INSURER C:						
Plymouth MI 48170	.6 120	INSURER D :						
,		INSURER E :						
		INSURER F:						
COVERAGES	CERTIFICATE NUMBER: 63796420		REVISIO	N NUMBER:				
THIS IS TO CERTIFY THAT THE POL	ICIES OF INSURANCE LISTED BELOW HA	VE BEEN ISSUED	TO THE INSURED NAMED	ABOVE FOR THE POL	ICY PERIOD			

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		TYPE OF INSURANCE	ADDL SU	JBR IVD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	1	COMMERCIAL GENERAL LIABILITY		SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
							MED EXP (Any one person)	\$ Excluded
							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		SI8GL01851-211	9/1/2021	9/1/2022	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		SI8EX01724-211	9/1/2021	9/1/2022	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/A				E.L. EACH ACCIDENT	\$
	OFFICER/MEMBEREXCLUDED? (Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$
	DES	s, describe under CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
В	Part	ticipant Accident Medical		UBH000005	9/1/2021	9/1/2022	\$100,000	

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 & Michigan Youth Soccer League 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
LAWRENCE TECH UNIVERSITY 21000 W. 10 MILE ROAD Southfield MI 48075	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 Fattoroom



DATE (MM/DD/YYYY) 9/9/2021

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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 USI Ir	surance Services	NW			CONTA NAME:	СТ				
	nion Street, Suite				PHONE (A/C, No	- 5-4).	206-441-6300	FAX (A/C, No):		
Seattle, WA 98101					E-MAIL ADDRE	SS:	-00 441 0000	(A/C, NO).		
					7,55,1		URER(S) AFFOR	RDING COVERAGE		NAIC#
					INSURE		, ,	rance Company		10120
INSURED						RB: QBE Ins		•		39217
Michigan Sta	e Youth Soccer As	socia	tion		INSURE					002
Plymouth MI	Drive, Suite 120 48170				INSURE	RD:				
	10170				INSURE	RE:				
					INSURE	RF:				
COVERAGES	CI	RTIFI	CATE	NUMBER: 63796421				REVISION NUMBER:		
INDICATED. NO CERTIFICATE M EXCLUSIONS AN	TWITHSTANDING ANY AY BE ISSUED OR MA	REQUII Y PER H POLI	REME FAIN, ICIES.	RANCE LISTED BELOW HA'NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPEC D HEREIN IS SUBJECT TO	T TO V	WHICH THIS
INSR LTR TYP	E OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	;	
A COMMERC	AL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022		\$\$1,00	00,000
CLAIN	S-MADE / OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$300	,000
		_						MED EXP (Any one person)	\$ Exclu	ıded
		_						PERSONAL & ADV INJURY	\$ \$1,00	00,000
GEN'L AGGREG	TE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$\$5,00	00,000
POLICY	PRO- JECT LOC								\$ \$1,00	-,
OTHER:				0100101001		21112221	21112222	Participant Legal Liabi COMBINED SINGLE LIMIT	\$\$1,0C	00,000
A AUTOMOBILE LIABILITY				SI8GL01851-211		9/1/2021	9/1/2022	(Ea accident)	\$ \$1,00	00,000
ANY AUTO OWNED	SCHEDULED							` ' '	\$	
AUTOS ON HIRED								BBOBERTY/BANAOF	\$	
✓ AUTOS ON	Y AUTOS ONLY							(Per accident)	\$	
ширрен				CIOEV01704 011		9/1/2021	9/1/2022		\$	
UMBRELLA	_ OCCOR			SI8EX01724-211		9/1/2021	9/1/2022		\$ \$5,00	,
✓ EXCESS LIA	CLAINS-INA	DE							\$ \$5,00	00,000
DED WORKERS COME	RETENTION \$ FNSATION								\$	
AND EMPLOYER	S' LIABILITY	N								
OFFICER/MEMBE	/PARTNER/EXECUTIVE REXCLUDED?	N/A							\$	
(Mandatory in NF If yes, describe un	der							E.L. DISEASE - EA EMPLOYEE		
B Participant Ac	OPERATIONS below			UBH000005		9/1/2021	9/1/2022	\$100.000	\$	
DESCRIPTION OF OPE	RATIONS / LOCATIONS / VEI	ICLES (ACORD	101, Additional Remarks Schedu	le, may b	e attached if more	e space is require	ed)		
This certificate is issued on behalf of Michigan State Youth Soccer Association & Michigan Youth Soccer League 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 H	OLDER				CANO	CELLATION				
LENOX TWP 63775 GRATIOT LENOX MI 48050					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					

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Gary D. Putterson

Gary Patterson



DATE (MM/DD/YYYY) 9/9/2021

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

		BROGATION IS WAIVED, subject ertificate does not confer rights t							require an endorsement	A st	atement on
_		ER USI Insurance Services N		0010	inoute notaer in nea or or	CONTACT					
		601 Union Street, Suite 10				PHONE					
		Seattle, WA 98101				(A/C, No, Ext): 206-441-6300 (A/C, No):					
						ADDRESS:					NAIC#
							` '				
INSL	IRED							surance Corp	• •		10120 39217
l M	lichi	igan State Youth Soccer Ass	ociat	ion				surance corp	Oration		39217
일	401	General Drive, Suite 120				INSURE					
	ıym	outh MI 48170				INSURE					
						INSURE					
<u></u>	VFR	RAGES CER	TIFIC	: ATF	NUMBER: 63796422	INSURE	KF:		REVISION NUMBER:		
		IS TO CERTIFY THAT THE POLICIES				/E BEE	N ISSUED TO	THE INSURE		IE POL	ICY PERIOD
١N	IDICA	ATED. NOTWITHSTANDING ANY RE	QUIR	REME	NT, TERM OR CONDITION	OF AN'	Y CONTRACT	OR OTHER	DOCUMENT WITH RESPEC	T TO	WHICH THIS
		IFICATE MAY BE ISSUED OR MAY JSIONS AND CONDITIONS OF SUCH								ALL 1	HE TERMS,
INSR	_	TYPE OF INSURANCE	ADDL	SUBR		DELIVI	POLICY EFF	POLICY EXP	LIMITS	,	
LTR A	,	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER SI8GL01851-211		(MM/DD/YYYY) 9/1/2021	(MM/DD/YYYY) 9/1/2022			0000
 					ClodE01001 Z11		0/1/2021	O/ I/LOLL	EACH OCCURRENCE DAMAGE TO RENTED	\$\$1,00	,
		CLAIMS-MADE OCCUR								\$\$300	,
									MED EXP (Any one person)	\$ Exclu	
	051								PERSONAL & ADV INJURY	\$\$1,00	
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$\$5,000,000 \$\$1,000.000				
	POLICY JECT LOC										
A	OTHER: A AUTOMOBILE LIABILITY SI8GL01851-211				9/1/2021	9/1/2022	COMBINED SINGLE LIMIT	\$\$1,00	-		
^	ANY AUTO		GIOGLO1031 Z11		3/1/2021	3/1/2022	(==========	\$\$1,00 \$	00,000		
		OWNED SCHEDULED								\$	
	-	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE	\$	
		AUTOS ONLY AUTOS ONLY						(Per accident)	\$		
		UMBRELLA LIAB / OCCUP			SI8EX01724-211		9/1/2021	9/1/2022		-	20.000
	/	- VOCCOR			GIOLXO1724 Z11		3/1/2021	JI II ZOZZ	EACH OCCURRENCE	\$\$5,00	,
	-	CLAIWS-WADE	-						AGGREGATE	\$\$5,00	00,000
	WOF	DED RETENTION \$ RKERS COMPENSATION							PER OTH- STATUTE ER	\$	
	AND	PROPRIETOR/PARTNER/EXECUTIVE Y/N									
	OFF	ICER/MEMBEREXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	If ves	ndatory in NH) s, describe under							E.L. DISEASE - EA EMPLOYEE		
В	_	CRIPTION OF OPERATIONS below ticipant Accident Medical			UBH000005		9/1/2021	9/1/2022	E.L. DISEASE - POLICY LIMIT \$100,000	\$	
		Holpant / toolaont Modical			0211000000		0/1/2021	0/1/2022	4100,000		
DES	CRIPT	TION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORE	101 Additional Remarks Schedu	le may h	e attached if mor	re snace is requir	ed)		
		HONOR OF ENAMENO, EGGATIONS, VEHIC			Tot, Additional Romano Concad	ic, may b	o uttuoned ii iiioi	o opaco io regan	ou,		
		ertificate is issued on behalf of Mich eate holder is Additional Insured as r									
		state association. Waiver of Subrog						ied activities			
<u></u>	DTIF	EICATE HOLDER				CANC	CLIATION				
CE	KIII	FICATE HOLDER				CANC	ELLATION				
						SHO	ULD ANY OF	THE ABOVE D	ESCRIBED POLICIES BE CA	NCELL	ED BEFORE
L	eon	ard Elementary School							EREOF, NOTICE WILL B	E DEI	IVERED IN
4401 Tallman Troy MI 48085					ACCORDANCE WITH THE POLICY PROVISIONS.						

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Gary D. Pitterson

AUTHORIZED REPRESENTATIVE

Gary Patterson



DATE (MM/DD/YYYY) 9/9/2021

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	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									
	SUBROGATION IS WAIVED, SUBJECT T is certificate does not confer rights to							equire an endorsement	. A St	atement on
	USI Insurance Services NV		00	incute notaer in near or ea	CONTAC NAME:		<u>,, </u>			
	601 Union Street, Suite 100		PHONE (A/C. No	. Fxt): 2	206-441-6300	FAX (A/C, No):				
	Seattle, WA 98101				E-MAIL ADDRES	SS:				
						INS	URER(S) AFFOR	DING COVERAGE		NAIC#
					INSURE	RA: Everest	National Insu	rance Company		10120
INSU		_:_1	:		INSURE	кв: QBE Ins	surance Corpo	oration		39217
IVI 9∠	chigan State Youth Soccer Asso 01 General Drive, Suite 120	ciat	ion		INSURE	RC:				
	ymouth MI 48170				INSURE	RD:				
					INSURER E :					
					INSURE	RF:				
COVERAGES CERTIFICATE NUMBER: 63796423 REVISION NUMBER:										
IN CE	IS IS TO CERTIFY THAT THE POLICIES OF DICATED. NOTWITHSTANDING ANY REC PRIFICATE MAY BE ISSUED OR MAY P CLUSIONS AND CONDITIONS OF SUCH P	QUIR ERT	EMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDS	OF ANY	CONTRACT	OR OTHER DESCRIBED	OCUMENT WITH RESPE	CT TO V	WHICH THIS
INSR LTR		NSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	✓ COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,00	00,000
	CLAIMS-MADE ✓ OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300	,000
								MED EXP (Any one person)	\$ Exclu	ıded
								PERSONAL & ADV INJURY	\$\$1,00	00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$\$5,00	00,000
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$\$1,00	00,000
	OTHER:							Participant Legal Liabi	\$\$1,00	00,000
Α	AUTOMOBILE LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,00	00,000

UMBRELLA LIAB SI8EX01724-211 9/1/2021 9/1/2022 / OCCUR EACH OCCURRENCE \$\$5,000,000 **EXCESS LIAB** CLAIMS-MADE AGGREGATE \$\$5,000,000 DED RETENTION \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? 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 UBH000005 9/1/2021 9/1/2022 Participant Accident Medical \$100,000

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

N/A

This certificate is issued on behalf of Michigan State Youth Soccer Association & Michigan Youth Soccer League 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
Lessenger Elementary School 30150 N. Campbell MADISON HEIGHTS MI 48071	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. Patterson
	Gary Patterson

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BODILY INJURY (Per person)

PROPERTY DAMAGE (Per accident)

BODILY INJURY (Per accident)

\$

\$

\$

\$

ANY AUTO

OWNED AUTOS ONLY HIRED

AUTOS ONLY

SCHEDULED AUTOS NON-OWNED

AUTOS ONLY



DATE (MM/DD/YYYY) 9/9/2021

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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).

tilis certificate does not confer	rights to the certificate floider in fled of s	ucii enuorseme	111(5).				
PRODUCER USI Insurance Serv	rices NW	CONTACT NAME:					
601 Union Street, S	suite 1000	PHONE (A/C, No, Ext):	206-441-6300	FAX (A/C, No):			
Seattle, WA 98101		E-MAIL ADDRESS:					
			INSURER(S) AFFORDING CO	VERAGE	NAIC#		
		INSURER A : Eve	Company	10120			
INSURED	ccer Association	INSURER B: QB		39217			
Michigan State Youth Socc 9401 General Drive, Suite		INSURER C:					
Plymouth MI 48170	120	INSURER D:					
•		INSURER E :					
		INSURER F:					
COVERAGES	CERTIFICATE NUMBER: 63796424		REVISI	ON 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.

	KCLUSIOI	NS AND CONDITIONS OF SUCH I						
INSR LTR			ADDL SU		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	CON	IMERCIAL GENERAL LIABILITY		SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
							MED EXP (Any one person)	\$ Excluded
							PERSONAL & ADV INJURY	\$\$1,000,000
	GEN'L AG	GREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$\$5,000,000
	POL	ICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$\$1,000,000
	ОТН	ER:					Participant Legal Liabi	\$\$1,000,000
Α	AUTOMO	BILE LIABILITY		SI8GL01851-211	9/1/2021	9/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
		AUTO					BODILY INJURY (Per person)	\$
	OWN	NED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	✓ HIRE AUT	D NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
								\$
	UMB	RELLA LIAB / OCCUR		SI8EX01724-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,000,000
	✓ EXC	ESS LIAB CLAIMS-MADE					AGGREGATE	\$\$5,000,000
	DED	RETENTION \$						\$
		COMPENSATION OYERS' LIABILITY					PER OTH- STATUTE ER	
	ANYPROPI	RIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT	\$
	OFFICER/MEMBEREXCLUDED? (Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$
	If yes, desc DESCRIPT	cribe under TON OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
В	Participant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000	
-								

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 & Michigan Youth Soccer League 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
LESSINGER ELEMENTARY SCHOOL 30150 N. CAMPBELL MADISON HEIGHTS MI 48071	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) 9/9/2021

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	SUBROGATION IS WAIVED, subject is certificate does not confer rights to							require an endorsement.	A st	atement on	
_	DUCER USI Insurance Services N				CONTAC NAME:		<i>/</i> -				
	601 Union Street, Suite 10				PHONE (A/C, No	Evt).	206-441-6300	FAX (A/C, No):			
	Seattle, WA 98101				E-MAIL ADDRES	,	-000 441 0000	(A/C, NO).			
					INSURER(S) AFFORDING COVERAGE				NAIC#		
					INCLIDE			rance Company		10120	
INSU	RED						surance Corp			39217	
М	lichigan State Youth Soccer Asso	ociati	ion				surance Corp	Oralion		39217	
94	401 General Drive, Suite 120				INSURE						
Р	lymouth MI 48170				INSURE						
					INSURE						
	VEDACES CED	TIFIC		NUMBER, 20722425	INSURE	RF:		DEVICION NUMBER.			
	VERAGES CER HIS IS TO CERTIFY THAT THE POLICIES			NUMBER: 63796425	/C RCC	N ISSUED TO	THE INCLIDE	REVISION NUMBER:	IE DOI	ICV DEDIOD	
IN	DICATED. NOTWITHSTANDING ANY RE	QUIRI	EME	NT, TERM OR CONDITION	OF AN	CONTRACT	OR OTHER I	DOCUMENT WITH RESPEC	T TO	WHICH THIS	
	ERTIFICATE MAY BE ISSUED OR MAY F XCLUSIONS AND CONDITIONS OF SUCH I								ALL	HE TERIVIS,	
INSR		ADDL	SUBR			POLICY EFF	POLICY EXP	LIMITS	<u> </u>		
LTR A	COMMERCIAL GENERAL LIABILITY	INSD		POLICY NUMBER SI8GL01851-211		9/1/2021	(MM/DD/YYYY) 9/1/2022		\$\$1,00	00.000	
	CLAIMS-MADE / OCCUR							DAMAGE TO RENTED	\$\$1,00 \$\$300		
	CLAIIVIS-IVIADE V OCCUR							, , , , , , , , , , , , , , , , , , , ,	\$ Exclu	<i></i>	
								` ' ' '	\$\$1,00		
	OFAIL ACORECATE LIMIT APPLIES PER								\$\$1,00 \$\$5.00	,	
	POLICY PRO- JECT LOC								+ · · /	,	
									\$\$1,00		
Α	OTHER: A AUTOMOBILE LIABILITY SI8GL01851-211					9/1/2021	9/1/2022	COMPINED ONIOLE LIMIT	^{\$} \$1,00 ^{\$} \$1,00		
,,	ANY AUTO					0/1/2021	07172022		\$ \$1,00 \$	00,000	
	OWNED SCHEDULED							` ' '	\$ \$		
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE	\$ \$		
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$ \$		
	UMBRELLA LIAB / OCCUP			SI8EX01724-211		9/1/2021	9/1/2022			2000	
	/ EXOCOLUED OCCOR					5/1/2021	37172022		\$ \$5,00		
	CLAIWS-IWADL								\$ \$5,00	00,000	
	DED RETENTION \$ WORKERS COMPENSATION							PER OTH- STATUTE ER	\$		
	AND EMPLOYERS' LIABILITY Y / N										
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A							\$		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE			
В	DÉSCRIPTION OF OPERATIONS below Participant Accident Medical			UBH000005		9/1/2021	9/1/2022	E.L. DISEASE - POLICY LIMIT \$100,000	\$		
	a dispant nodashi modisal					0/1/2021	07172022	4100,000			
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	FS (A	CORD	101 Additional Remarks Schedul	e may he	attached if mor	e snace is requir	ed)			
		(,		, , , , , , , , , , , , , , , , , ,	o,u j		o opuoo io ioquii				
	is certificate is issued on behalf of Michi rtificate holder is Additional Insured as r										
	the state association. Waiver of Subroga						ica activities				
CE	RTIFICATE HOLDER				CANC	ELLATION					
OLI	ATTI TOATE HOLDER				JANC	LLLATION					
	Shouth Doub of Augustics				SHO	ULD ANY OF	THE ABOVE D	ESCRIBED POLICIES BE CA	NCELL	ED BEFORE	
Ti	berty Park of America 3600 Mound Rd.							EREOF, NOTICE WILL B	E DEI	LIVERED IN	
S	terling Heights MI 48310				ACCORDANCE WITH THE POLICY PROVISIONS.						

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Gary D. Putterson

AUTHORIZED REPRESENTATIVE

Gary Patterson



DATE (MM/DD/YYYY) 9/9/2021

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	SUBROGATION IS WAIVED, subject is certificate does not confer rights t							require an endorsement.	A st	atement on
PROI	USI Insurance Services N	W			CONTACT NAME:					
	601 Union Street, Suite 10				PHONE (A/C, No, Ext): 206-441-6300 (A/C, No):					
	Seattle, WA 98101				E-MAIL ADDRESS:					
					INSURER(S) AFFORDING COVERAGE					NAIC#
INSU	OFD.							rance Company		10120
	chigan State Youth Soccer Ass	ocia	tion			кв: QBE Ins	surance Corp	oration		39217
94	01 General Drive, Suite 120				INSURE					
P	ymouth MI 48170				INSURE	RD:				
					INSURE	RE:				
					INSURE	RF:				
				NUMBER: 63796426				REVISION NUMBER:		
IN CE EX	IS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RI RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT POLI	REME AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIES REDUCED BY I	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPEC HEREIN IS SUBJECT TO	T TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	;	
Α	✓ COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE DAMAGE TO RENTED	\$\$1,00	00,000
	CLAIMS-MADE ✓ OCCUR							PREMISES (Ea occurrence)	\$\$300	•
								MED EXP (Any one person)	\$ Exclu	ıded
									\$ \$1,00	,
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$\$5,00	00,000
	POLICY PRO- JECT LOC								\$ \$1,00	
	OTHER:							Participant Legal Liabi	\$\$1,00	
Α	AUTOMOBILE LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022		\$\$1,00	00,000
	ANY AUTO							` ' '	\$	
	OWNED SCHEDULED AUTOS HIRED NON-OWNED							· '	\$	
	✓ HIRED AUTOS ONLY ✓ NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB ✓ OCCUR			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$ \$5,00	00,000
	✓ EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$ \$5,00	00,000
	DED RETENTION \$								\$	
	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	Participant Accident Medical			UBH000005		9/1/2021	9/1/2022	\$100,000		
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORD	101, Additional Remarks Schedul	e, may b	attached if more	e space is require	ed)		
Ce	s certificate is issued on behalf of Mich tificate holder is Additional Insured as ne state association. Waiver of Subrog	espe	cts th	e operations of the Named	Insure	d for sanction				
CEI	TIFICATE HOLDER				CANO	ELLATION				
33	GHTFOOT FIELD 44 BEACH ROAD DRT HURON MI 48060				SHO THE	ULD ANY OF 1 EXPIRATION	I DATE THE	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL B Y PROVISIONS.		

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Gary D. Putterson

AUTHORIZED REPRESENTATIVE

Gary Patterson



DATE (MM/DD/YYYY) 9/9/2021

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.

	SUBROGATION IS WAIVED, subjec s certificate does not confer rights				•	•	•	require an endorsemen	t. Ast	atement on	
PROI	USI Insurance Services N	IW			CONTAC NAME:	СТ					
	601 Union Street, Suite 1				PHONE (A/C, No	o. Ext):	206-441-6300	FAX (A/C, No):			
	Seattle, WA 98101				E-MAIL ADDRES	SS:					
						INS	SURER(S) AFFOR	RDING COVERAGE		NAIC#	
					INSURE	RA: Everest	National Insu	rance Company		10120	
INSU					INSURE	кв: QBE Ins	surance Corp	oration		39217	
IVI Q∠	chigan State Youth Soccer Ass 01 General Drive, Suite 120		INSURER C:								
Plymouth MI 48170					INSURE	RD:					
	,				INSURE	RE:					
					INSURER F:						
CO	ZERAGES CEI	RTIFIC	CATE	NUMBER: 63796427				REVISION NUMBER:			
	IS IS TO CERTIFY THAT THE POLICIE										
	DICATED. NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR MAY										
	CLUSIONS AND CONDITIONS OF SUCH								O ALL	THE TERIVIS,	
INSR LTR	TYPE OF INSURANCE		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
Α	✓ COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,00	00,000	

LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
Α	1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
								MED EXP (Any one person)	\$ Excluded
								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	AUT	OMOBILE LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	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			SI8EX01724-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,000,000
	1	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$\$5,000,000
		DED RETENTION \$							\$
		KERS COMPENSATION 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	Part	icipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000	

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 & Michigan Youth Soccer League 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
Lighthouse Elementary School 51880 Washington St. New Baltimore MI 48047	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 lieu of su							
PRODUCER USI Insurance Services NW	CONTACT NAME:						
601 Union Street, Suite 1000	PHONE (A/C, No, Ext): 206-441-6300 FAX (A/C, No):						
Seattle, WA 98101	E-MAIL ADDRESS:						
	INSURER(S) AFFORDING COVERAGE	NAIC#					
	INSURER A: Everest National Insurance Company	10120					
INSURED A	INSURER B: QBE Insurance Corporation 39217						
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:						
Plymouth MI 48170	INSURER D :						
•	INSURER E :						
	INSURER F:						
COVERAGES CERTIFICATE NUMBER: 63796428	REVISION NUMBER:						
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA' INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORD EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE	OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO VED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL T	WHICH THIS					

INICE			ADDL	CHES		DOLICY FFF	POLICY EXP		
INSR LTR		TYPE OF INSURANCE		WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	s
Α	1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
								MED EXP (Any one person)	\$ Excluded
								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			SI8GL01851-211	9/1/2021	9/1/2022	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			SI8EX01724-211	9/1/2021	9/1/2022	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	\$
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Pari	ticipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000	

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 & Michigan Youth Soccer League 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
Lincoln High School Soccer Fields 7425 Willis Rd Ypsilanti MI 48197	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 Fattorion



DATE (MM/DD/YYYY) 9/9/2021

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.

the nolicy/ies) must have ADDITIONAL INSURED provisions or be endorsed

lf :	SUBROGATION IS WAIVED, subject secrificate does not confer rights to	to the	e ter	ms and conditions of th	e polic	y, certain po	olicies may	•			
PROD	UCER USI Insurance Services N\	W			CONTACT NAME:						
	601 Union Street, Suite 10	00			PHONE (A/C, No		206-441-6300)	FAX (A/C, No):		
	Seattle, WA 98101				E-MAIL ADDRE	SS:					
						INS	SURER(S) AFFOR	RDING COVERAGE			NAIC #
					INSURE	RA: Everest	National Insu	rance Company			10120
INSUF			INSURE	RB: QBE Ins	surance Corp	oration			39217		
IVII 9⊿	chigan State Youth Soccer Asso 01 General Drive, Suite 120	ociati	on		INSURE	RC:					
ΡΙ	mouth MI 48170				INSURER D:						
			INSURE	RE:							
					INSURE	RF:					
				NUMBER: 63796429				REVISION NUM			
INI CE EX	IS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE RTIFICATE MAY BE ISSUED OR MAY FOLISIONS AND CONDITIONS OF SUCH	QUIRE PERTA POLIC	EMEI AIN, IES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN'	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH D HEREIN IS SU	RESPEC	T TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL S		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	3	
Α	✓ COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENC		\$\$1,00	00,000
	CLAIMS-MADE ✓ OCCUR							DAMAGE TO RENTI PREMISES (Ea occu		\$\$300	,000
								MED EXP (Any one	person)	\$ Exclu	ıded
								PERSONAL & ADV	NJURY	\$\$1,00	00,000
		1						l		ΦΕ 00	20.000

GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$\$5,000,000 PRO-JECT POLICY LOC PRODUCTS - COMP/OP AGG \$\$1,000,000 \$\$1,000,000 OTHER: Participant Legal Liabi COMBINED SINGLE LIMIT (Ea accident) **AUTOMOBILE LIABILITY** SI8GL01851-211 9/1/2021 9/1/2022 \$\$1,000,000 ANY AUTO BODILY INJURY (Per person) OWNED AUTOS ONLY HIRED SCHEDULED AUTOS NON-OWNED BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTOS ONLY **AUTOS ONLY** UMBRELLA LIAB SI8EX01724-211 9/1/2021 9/1/2022 / OCCUR EACH OCCURRENCE \$\$5,000,000 **EXCESS LIAB** CLAIMS-MADE AGGREGATE \$\$5,000,000 DED RETENTION \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? 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 UBH000005 9/1/2021 9/1/2022 Participant Accident Medical \$100,000

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

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CERTIFICATE HOLDER	CANCELLATION
LIVONIA PUBLIC SCHOOL 15125 FARMINGTON ROAD LIVONIA MI 48154	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) 9/9/2021

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

PRODUCTE USE INSUITANCE SERVICES NW 801 TUTOR STREET, Suite 1000 Seattle, WA 98101 Control Street, Suite 1000 Seattle, WA 98101 Control Street, Suite 1000			BROGATION IS WAIVED, subject ertificate does not confer rights to							require an endorsement.	A st	atement on
Seattle, WA 98101 March M	PRO	DUCE	R USI Insurance Services N	w			CONTACT NAME:					
Seattle, WA 96101 Maure Michigan State Youth Soccer Association Michigan Youth Soccer League Certificate holder is Additional Insured as respects the operations of the Named Insured for searching applies when required by written contract. Michigan Youth Soccer League Michigan Youth Soccer League Michigan North Soccer Michigan State Youth Soccer Association Michigan Youth Soccer League Michigan Youth Soccer League Michigan State Youth Soccer Association Michigan Youth Soccer League Michi								F-4).	206-441-6300	FAX (A/C No)		
MINUSED Michigan State Youth Soccer Association Plymouth MI 48170 **MINUSER'S:************************************							E-MAIL ADDRE	SS:	200-441-0000	(A/C, NO):		
MICHIGAN State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth MI 48170 ECOVERAGES CERTIFICATE NUMBER: 6379430 CERTIFICATE NUMBER: 6379430 ECOVERAGES CERTIFICATE NUMBER: 6379430 CERTIFICATE NUMBER: 6379430 CERTIFICATE NUMBER: 6379430 EVENTOR OF CONTROL OF CONTRO							INSURER(S) AFFORDING COVERAGE					NAIC#
Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth MI 48170 COVERAGES CERTIFICATE NUMBER: 63796430 REVISION NUMBER: INSURER 9: INSURE 9: INSURER 9: INSURE 9: INSURER 9							INSURER A: Everest National Insurance Company 1012					
Plymouth MI 48170 Plymouth Mi 4							INSURE	кв: QBE In:	surance Corp	oration		39217
Plymouth MI 48170 MISURER E	l M	lich 101	gan State Youth Soccer Asso General Drive, Suite 120	ocia	tion		•					
COVERAGES CERTIFICATE NUMBER: 50796420 MRSURER F: MR							INSURE	RD:				
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAME 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 WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR THE POLICY BY ANY PHAVE BEEN REDUCED BY PAID CLAIMS. A COMMERCIAL GENERAL LIBBURY SIGNAL AND CONTRACT OR THE PROBLEM OF T	'	.,					INSURE	RE:				
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDIS 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. IMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. TYPE OF INSURANCE AND PROJECT OR ALL THE TERMS, EXCLUSIONS OF SUCH POLICIES. LIBRITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. AND COMMERCIAL GENERAL LIBRITY GENT, AGGREGATE LIMBITY ANY AUTO OWNED							INSURE	RF:				
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EXCLUSIONS AND CONDITIONS OF SUCH POLICIES LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS (LTR	١N	INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS										
Type of INSURANCE ADDIL SURP POLICY NUMBER POLICY NUMB											ALL	HE TERMS,
CLAMS-MADE								POLICY EFF	POLICY EXP		 }	
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PERSONAL & ADV NAURY GENERAL AGGREGATE LIMIT APPLIES PER POULCY PEO DECT LOC A AUTOMORIE LUABILITY ANTO ONNED AUTOS ONLY										,		,
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AUTOS ONLY			ANY AUTO									70,000
MINERO NILY AUTOS ONLY SIBEX01724-211 9/1/2021 9/1/2022 EACH OCCURRENCE \$\$5,000,000										BODILY INJURY (Per accident)	\$	
UMBRELLA LIAB Z OCCUR SIBEX01724-211 9/1/2021 9/1/2022 EACH OCCURRENCE \$\$5,000,000		1	HIRED NON-OWNED							PROPERTY DAMAGE	\$	
V EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBERESCULDED? (Mandatory in NH) If yes, describe under the dical DESCRIPTION OF OPERATIONS below DESCRIPTION OF OPERATIONS / 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 & Michigan Youth Soccer League 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 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			AUTOS ONET								\$	
CLAIMS-MADE RETENTION \$ AGGREGATE \$\$5,000,000			UMBRELLA LIAB / OCCUR			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURRENCE	s \$5 00	00 000
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNEREXECUTIVE (Mandatory in NI) If yes, describe under DESCRIPTION OF OPERATIONS LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) 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 & Michigan Youth Soccer League 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 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	EVOCAGLIAR								. ,	,
WORKERS COMPENSATION AND EMPLOYER'S LABILITY ANYPROPRIETOR PARTINER EXECUTIVE OFFICE RMEMBER EXCLUDED? OFFICE RMEMBER EXCLUDED. OFFICE RMEMBER EXCLUDED. OFFICE RMEMBER EXCLUDED. OFFICE RMEM												,
ANY PROPRIETOR PARTINER/EXECUTIVE OFFICERMEMBER EXCLUDED? (Mandatory in NH) If yes, describe under possessing under possessing of the state association. Waiver of Subrogation applies when required by written contract. CERTIFICATE HOLDER			RKERS COMPENSATION							PER OTH-		
CERTIFICATE HOLDER CANCELLATION CANCELLED BEFORE SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		ANY	PROPRIETOR/PARTNER/EXECUTIVE TO THE								\$	
B Participant Accident Medical UBH000005 9/1/2021 9/1/2022 \$100,000 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 & Michigan Youth Soccer League 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 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		(Mar	ndatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$	
B Participant Accident Medical UBH000005 9/1/2021 9/1/2022 \$100,000 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 & Michigan Youth Soccer League 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 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		If yes	s, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
This certificate is issued on behalf of Michigan State Youth Soccer Association & Michigan Youth Soccer League 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 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	В	Par	ticipant Accident Medical			UBH000005		9/1/2021	9/1/2022	\$100,000		
This certificate is issued on behalf of Michigan State Youth Soccer Association & Michigan Youth Soccer League 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 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.												
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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.	Th	is ce	rtificate is issued on behalf of Michi	igan :	State	Youth Soccer Association	& Michi	gan Youth So	occer League			
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.									ned activities			
Lothrop Fields 6755 Lothrop 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.	"	uio c	nate association. Walver of Gubroge	ation	αρριι	cs when required by writter	COILLE	ioi.				
Lothrop Fields 6755 Lothrop 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.												
Lothrop Fields 6755 Lothrop 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.												
Lothrop Fields 6755 Lothrop 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.	<u> </u>											
Lothrop Fields THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	CE	RTIF	ICATE HOLDER			-	CANO	ELLATION				
Lothrop Fields THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							SHO	III D ANY OF	THE AROVE D	ESCRIBED POLICIES BE CA	NCELL	ED BEFORE
6/55 LOTINOP HO ACCORDANCE WITH THE POLICY PROVISIONS.	ľ	othr	op Fields				THE	EXPIRATIO	N DATE TH	EREOF, NOTICE WILL B		
	b Ir	/55 nlav	Lourrop Ha Cltv MI 48444				ACC	ORDANCE W	ITH THE POLIC	CY PROVISIONS.		

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Gary D. Putterson

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 confe	er rights to the certificate holder in lieu of s	•						
PRODUCER USI Insurance Ser	vices NW	CONTACT NAME:						
601 Union Street,	Suite 1000	PHONE (A/C, No. Ext):	206-441-6300	FAX (A/C, No):				
Seattle, WA 98101		E-MAIL ADDRESS:						
			INSURER(S) AFFORDING COVER	RAGE	NAIC#			
		INSURER A: Eve	rest National Insurance Con	npany	10120			
INSURED		INSURER B: QBE	INSURER B: QBE Insurance Corporation					
Michigan State Youth Soc 9401 General Drive, Suite	cer Association	INSURER C :						
Plymouth MI 48170	5 120	INSURER D :						
		INSURER E :						
		INSURER F:						
COVERAGES	CERTIFICATE NUMBER: 63796431		REVISION	NUMBER:				
	POLICIES OF INSURANCE LISTED BELOW HA							
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 NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
								MED EXP (Any one person)	\$ Excluded
								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	AUT	OMOBILE LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	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			SI8EX01724-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,000,000
	1	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$\$5,000,000
		DED RETENTION \$							\$
		KERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
		PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Man	datory in NH)						E.L. DISEASE - EA EMPLOYEE	\$
	DES(, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Part	icipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000	

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

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Lutheran High School Association 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.
AUTHORI	PRIZED REPRESENTATIVE HOSTY D. PULLUSON
Gary P	Patterson Patterson



DATE (MM/DD/YYYY)

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this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).							
PRODUCER USI Insurance Services NW	surance Services NW CONTACT NAME:						
601 Union Street, Suite 1000	PHONE (A/C, No, Ext): 206-441-6300 FAX (A/C, No):						
Seattle, WA 98101	E-MAIL ADDRESS:						
	INSURER(S) AFFORDING COVERAGE	NAIC#					
	INSURER A: Everest National Insurance Company	10120					
INSURED A	INSURER B: QBE Insurance Corporation	39217					
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:						
Plymouth MI 48170	INSURER D :						
•	INSURER E :						
	INSURER F:						
COVERAGES CERTIFICATE NUMBER: 63796432	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.							

		OCCUPATION OF COOL		ENVITO OF OVER WINCE THE BELLET		7 (ID OL/ (IIVIO.		
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		SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
							MED EXP (Any one person)	\$ Excluded
							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		SI8GL01851-211	9/1/2021	9/1/2022	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		SI8EX01724-211	9/1/2021	9/1/2022	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	datory in NH)	III.				E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
В	Part	icipant Accident Medical		UBH000005	9/1/2021	9/1/2022	\$100,000	·

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 & Michigan Youth Soccer League 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
LUTHERAN HIGH SCHOOL NORTH 16824 24 MILE ROAD MACOMB MI 48042	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) 9/9/2021

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If SUBROGATION IS WAIVED, subject to the terms and conditions of the this certificate does not confer rights to the certificate holder in lieu of s						he policy, certain policies may require an endorsement. A statement on such endorsement(s).				
_	DUCER USI Insurance Services N				CONTACT NAME:					
	601 Union Street, Suite 10				PHONE FAX					
	Seattle, WA 98101				E-MAIL ADDRE	o, Ext):	(A/C, No):			
					ADDRE					
						INS	SURER(S) AFFOR	RDING COVERAGE		NAIC#
					INSURE	RA: Everest	National Insu	irance Company		10120
INSU	^{кер} ichigan State Youth Soccer Ass	ocia	tion		INSURE	RB: QBE Ins	surance Corp	oration		39217
92	9401 General Drive, Suite 120					RC:				
P	ymouth MI 48170				INSURE	RD:				
					INSURE	RE:				
					INSURE	RF:				
CO	/ERAGES CER	TIFIC	CATE	NUMBER: 63796433				REVISION NUMBER:		
IN CE EX	IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY ICLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT POLI	REME FAIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER S S DESCRIBES PAID CLAIMS	DOCUMENT WITH RESPEC D HEREIN IS SUBJECT TO	T TO V	WHICH THIS
INSR LTR	TYPE OF INSURANCE	INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	<u>; </u>	
Α	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022		\$\$1,00	00,000
	CLAIMS-MADE ✓ OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300	,000
								MED EXP (Any one person)	\$ Exclu	ıded
								PERSONAL & ADV INJURY	\$\$1,00	00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$\$5,00	00,000
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	COMP/OP AGG \$\$1,000,000	
	OTHER:								\$\$1,00	
Α	AUTOMOBILE LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	COMPINED ONIOLE LIMIT	\$\$1,00	
	ANY AUTO							,	\$	70,000
	OWNED SCHEDULED							BODILY INJURY (Per accident)	\$	
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE	\$	
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
	UMBRELLA LIAB / OCCUP			SI8EX01724-211		9/1/2021	9/1/2022			20.000
	/ FYOTOGUAD			OIOLXO1724 211		0/1/2021	0/1/2022		\$\$5,00	
	CLAIMS-MADE								\$ \$5,00	10,000
	DED RETENTION \$ WORKERS COMPENSATION							PER OTH- STATUTE ER	\$	
	AND EMPLOYERS' LIABILITY Y / N									
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A							\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE		
В	DÉSCRIPTION OF OPERATIONS below Participant Accident Medical		-	UBH000005		9/1/2021	9/1/2022	\$100,000	\$	
	Participant Accident Medical			ODHUUUUUS		9/1/2021	9/1/2022	\$100,000		
L		<u> </u>	<u> </u>							
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORE	0 101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requir	ed)		
	s certificate is issued on behalf of Mich									
Ce	tificate holder is Additional Insured as r he state association. Waiver of Subrog	espe	cts th	e operations of the Named	Insure	d for sanction	ed activities			
011	ne state association. Walver of Subrogi	alion	appii	es when required by writter	i Contra	iCi.				
CE	RTIFICATE HOLDER				CAN	ELLATION				
 Lı 10	utheran High School Northwest				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
l R	000 Bagley ochester Hills MI 48309									

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Gary D. Putterson

AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY)

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this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).							
PRODUCER USI Insurance Services NW	CONTACT NAME:						
601 Union Street, Suite 1000	PHONE (A/C, No, Ext): 206-441-6300 FAX (A/C, No):						
Seattle, WA 98101	E-MAIL ADDRESS:						
	INSURER(S) AFFORDING COVERAGE	NAIC#					
	INSURER A: Everest National Insurance Company	10120					
INSURED	INSURER B: QBE Insurance Corporation	39217					
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:						
Plymouth MI 48170	INSURER D:						
	INSURER E:						
	INSURER F:						
COVERAGES CERTIFICATE NUM	IBER: 63796434 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.							
LACEOSIGNS AND CONDITIONS OF SUCH FOLICIES. LIMITS	SHOWIN WAT HAVE BEEN NEDOCED BY FAID CLAIMS.						

INSR LTR ADDL SUBR POLICY EFF POLICY EXP (MM/DD/YYYY) TYPE OF INSURANCE POLICY NUMBER LIMITS INSD WVD Α **COMMERCIAL GENERAL LIABILITY** SI8GL01851-211 9/1/2021 9/1/2022 EACH OCCURRENCE DAMAGE TO RENTED \$\$1,000,000 CLAIMS-MADE ✓ OCCUR \$\$300,000 PREMISES (Ea occurrence) MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$\$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$\$5,000,000 PRO-JECT POLICY LOC PRODUCTS - COMP/OP AGG \$\$1,000,000 \$\$1,000,000 OTHER: Participant Legal Liabi COMBINED SINGLE LIMIT (Ea accident) Α **AUTOMOBILE LIABILITY** SI8GL01851-211 9/1/2021 9/1/2022 \$\$1,000,000 ANY AUTO BODILY INJURY (Per person) SCHEDULED AUTOS NON-OWNED OWNED AUTOS ONLY HIRED BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTOS ONLY **AUTOS ONLY** UMBRELLA LIAB SI8EX01724-211 9/1/2021 9/1/2022 / OCCUR EACH OCCURRENCE \$\$5,000,000 **EXCESS LIAB CLAIMS-MADE AGGREGATE** \$\$5,000,000 DED RETENTION \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? 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 UBH000005 9/1/2021 Participant Accident Medical 9/1/2022 \$100,000

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

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CERTIFICATE HOLDER	CANCELLATION
Lutheran Social Services of Michigan 464 E. Grand Blvd. Detroit MI 48207	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 Gary Patterson



DATE (MM/DD/YYYY) 9/9/2021

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this certificate does not comer rights to the certificate holder in fied of such endorsement(s).						
PRODUCER USI Insurance Service	ces NW	CONTACT NAME:				
601 Union Street, Suite 1000		PHONE (A/C, No, Ext): 206-441-6300 (A/C, No):				
Seattle, WA 98101	E-MAIL ADDRESS:					
			INSURER(S) AFFORDING COV	'ERAGE	NAIC#	
		INSURER A : Eve	ompany	10120		
INSURED		INSURER B: QBI		39217		
Michigan State Youth Socce 9401 General Drive, Suite 1	occer Association uite 120	INSURER C:				
Plymouth MI 48170		INSURER D:				
•			INSURER E :			
		INSURER F:				
COVERAGES	CERTIFICATE NUMBER: 63796435		REVISION	ON NUMBER:		
TILLO IO TO OFFITIEN THAT THE DA					101/ 555105	

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		ADDL SU		POLICY EFF	POLICY EXP	LIMIT	e
A A	COMMERCIAL GENERAL LIABILITY	INSD W	SI8GL01851-211	9/1/2021	9/1/2022		
^	COMMERCIAL GENERAL LIABILITY		518GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE DAMAGE TO RENTED	\$\$1,000,000
	CLAIMS-MADE ✓ OCCUR					PREMISES (Ea occurrence)	\$\$300,000
						MED EXP (Any one person)	\$ Excluded
						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		SI8GL01851-211	9/1/2021	9/1/2022	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		SI8EX01724-211	9/1/2021	9/1/2022	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	Participant Accident Medical		UBH000005	9/1/2021	9/1/2022	\$100,000	

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 & Michigan Youth Soccer League 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
Lutheran Social Services of Michigan 8131 East Jefferson Detroit MI 48214	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)

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this certificate does not confer ri	ights to the certificate holder in lieu of s	uch endorsemer	it(s).				
PRODUCER USI Insurance Service	es NW	CONTACT NAME:					
601 Union Street, Su	ite 1000	PHONE (A/C, No, Ext):	206-441-6300	FAX (A/C, No):			
Seattle, WA 98101		E-MAIL ADDRESS:					
			INSURER(S) AFFORDING COVERAG	E	NAIC#		
		INSURER A : Ever	10120				
INSURED		INSURER B: QBE	Insurance Corporation		39217		
Michigan State Youth Soccei 9401 General Drive, Suite 12	r Association	INSURER C:					
Plymouth MI 48170	20	INSURER D :					
•		INSURER E :					
		INSURER F:					
COVERAGES	CERTIFICATE NUMBER: 63796436		REVISION N	UMBER:			
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	INSR		ADDL		POLICY EFF	POLICY EXP		
LTR		TYPE OF INSURANCE	INSD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
Α	1	COMMERCIAL GENERAL LIABILITY		SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
							MED EXP (Any one person)	\$ Excluded
							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		SI8GL01851-211	9/1/2021	9/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
		ANY AUTO					BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY AUTOS					BODILY INJURY (Per accident)	\$
	1	AUTOS ONLY NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
								\$
		UMBRELLA LIAB ✓ OCCUR		SI8EX01724-211	9/1/2021	9/1/2022	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 7/N	N/A				E.L. EACH ACCIDENT	\$
	(Man	CER/MEMBEREXCLUDED?					E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
В	Part	ticipant Accident Medical		UBH000005	9/1/2021	9/1/2022	\$100,000	

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 & Michigan Youth Soccer League 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
LYNCH ELEMENTARY SCHOOL 2035 ROOM LAKE ROAD LAPEER MI 48445	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)

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ii Subrogation is waived, subject to the terms and conditions of		atement on				
this certificate does not confer rights to the certificate holder in lieu of	\ /					
PRODUCER USI Insurance Services NW	CONTACT NAME:					
601 Union Street, Suite 1000	PHONE (A/C, No, Ext): 206-441-6300 FAX (A/C, No):					
Seattle, WA 98101	E-MAIL ADDRESS:					
	INSURER(S) AFFORDING COVERAGE	NAIC#				
	INSURER A: Everest National Insurance Company	10120				
INSURED	INSURER B: QBE Insurance Corporation	39217				
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:					
Plymouth MI 48170	INSURER D:					
•	INSURER E :					
	INSURER F:					
COVERAGES CERTIFICATE NUMBER: 63796437	REVISION NUMBER:					
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW F	AVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POL	CY PERIOD				
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITIO	N OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO ${ t N}$	VHICH THIS				
CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFOR	DED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL T	HE TERMS,				
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAV	'E BEEN REDUCED BY PAID CLAIMS.					
INSR LTR TYPE OF INSURANCE ADDL SUBR INSD WVD POLICY NUMBER	POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) LIMITS					

INSR LTR		TYPE OF INSURANCE		SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	<	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
								MED EXP (Any one person)	\$ Excluded
								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			SI8GL01851-211	9/1/2021	9/1/2022	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			SI8EX01724-211	9/1/2021	9/1/2022	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 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	Part	ticipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000	

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

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CERTIFICATE HOLDER	CANCELLATION
MACOMB CHRISTIAN CHURCH 13845 22 MILE ROAD SHELBY TWP MI 48315	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)

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tilis certificate does flot confer	rights to the certificate floider in fled of s	ucii elluorseille	າາເ(ອ).				
PRODUCER USI Insurance Serv	ices NW	CONTACT NAME:					
601 Union Street, S	uite 1000	PHONE (A/C, No, Ext): 206-441-6300 (A/C, No):					
Seattle, WA 98101		E-MAIL ADDRESS:					
			INSURER(S) AFFORDING CO	VERAGE	NAIC#		
		INSURER A: Everest National Insurance Company 1012					
INSURED			INSURER B: QBE Insurance Corporation				
Michigan State Youth Socce 9401 General Drive, Suite	r Association	INSURER C:					
Plymouth MI 48170	120	INSURER D:					
•		INSURER E:					
		INSURER F:					
COVERAGES	CERTIFICATE NUMBER: 62706429		REVISI	ON 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	R ADDLISUBR POLICY EFF POLICY EFF						
LTR	TYPE OF INSURANCE	INSD V	ND POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
Α	✓ COMMERCIAL GENERAL LIABILITY		SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
	CLAIMS-MADE ✓ OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
						MED EXP (Any one person)	\$ Excluded
						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		SI8GL01851-211	9/1/2021	9/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
	ANY AUTO					BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	✓ HIRED AUTOS ONLY ✓ NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB ✓ OCCUR		SI8EX01724-211	9/1/2021	9/1/2022	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 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	Participant Accident Medical		UBH000005	9/1/2021	9/1/2022	\$100,000	

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

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ELLATION

MACOMB COLLEGE ATHLETICS EXPO CENTER SOCCER FIELDS 14500 E. 12 MILE ROAD Warren MI 48088

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) 9/9/2021

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this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).							
PRODUCER USI Insurance Se	rvices NW	CONTACT NAME:					
601 Union Street,	Suite 1000	PHONE (A/C, No. Ext):	206-441-6300	FAX (A/C, No):			
Seattle, WA 9810		E-MAIL ADDRESS:					
			INSURER(S) AFFORDING COVERAGE		NAIC#		
		INSURER A : Ever	est National Insurance Company	,	10120		
INSURED		INSURER B: QBE Insurance Corporation 3					
Michigan State Youth Soc 9401 General Drive, Suite	cer Association	INSURER C :					
Plymouth MI 48170	, 120	INSURER D :					
•		INSURER E :					
		INSURER F:					
COVERAGES	CERTIFICATE NUMBER: 63796439		REVISION NUI	MBER:			
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD							
	IG ANY REQUIREMENT, TERM OR CONDITION OR MAY PERTAIN THE INSURANCE AFFORD						
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 SUBR INSD WVD POLICY EFF POLICY EXP (MM/DD/YYYY) INSR LTR TYPE OF INSURANCE POLICY NUMBER **COMMERCIAL GENERAL LIABILITY** Α SI8GL01851-211 9/1/2021 9/1/2022 EACH OCCURRENCE DAMAGE TO RENTED \$\$1,000,000 CLAIMS-MADE ✓ OCCUR \$\$300,000 PREMISES (Ea occurrence) MED EXP (Any one person) \$ Excluded \$\$1,000,000 PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$\$5,000,000 PRO-JECT POLICY LOC PRODUCTS - COMP/OP AGG \$\$1,000,000 OTHER: \$\$1,000,000 Participant Legal Liabi COMBINED SINGLE LIMIT (Ea accident) Α **AUTOMOBILE LIABILITY** SI8GL01851-211 9/1/2021 9/1/2022 \$\$1,000,000 ANY AUTO BODILY INJURY (Per person) SCHEDULED AUTOS NON-OWNED OWNED AUTOS ONLY HIRED BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTOS ONLY **AUTOS ONLY** UMBRELLA LIAB SI8EX01724-211 9/1/2021 9/1/2022 / OCCUR EACH OCCURRENCE \$\$5,000,000 **EXCESS LIAB CLAIMS-MADE AGGREGATE** \$\$5,000,000 DED RETENTION \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? 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 UBH000005 9/1/2021 9/1/2022 Participant Accident Medical \$100,000

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

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CERTIFICATE HOLDER	CANCELLATION
Macomb Community College Fraser Campus 32101 Caroline Clinton Twp MI 48035	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)

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this certificate does not confer rights to the certificate holder in lieu of s	uch endorsement(s).	
PRODUCER USI Insurance Services NW	CONTACT NAME:	
601 Union Street, Suite 1000	PHONE (A/C, No, Ext): 206-441-6300 FAX (A/C, No):	
Seattle, WA 98101	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC#
	INSURER A: Everest National Insurance Company	10120
INSURED	INSURER B: QBE Insurance Corporation	39217
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:	
Plymouth MI 48170	INSURER D:	
	INSURER E :	
	INSURER F:	
COVERAGES CERTIFICATE NUMBER: 63796440	REVISION NUMBER:	
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA	AVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POL	

LTR		I TPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	3
Α	<	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
								MED EXP (Any one person)	\$ Excluded
								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			SI8GL01851-211	9/1/2021	9/1/2022	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 V NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB ✓ OCCUR			SI8EX01724-211	9/1/2021	9/1/2022	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 Y / N	N/A					E.L. EACH ACCIDENT	\$
	(Man	CER/MEMBEREXCLUDED?	.,,					E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Part	icipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000	
l									

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 & Michigan Youth Soccer League 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
Macomb County Parks Rec (Macomb Corners Town Center) 20699 Macomb Street	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Macomb MI 48042	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

unis cerunicate does not come	r rights to the certificate holder in hed of S	uch endorseme	າາເ(ຣ).		
PRODUCER USI Insurance Serv	vices NW	CONTACT NAME:			
601 Union Street, S	Suite 1000	PHONE (A/C, No, Ext):	206-441-6300	FAX (A/C, No):	
Seattle, WA 98101		E-MAIL ADDRESS:			_
			INSURER(S) AFFORDING COVI	ERAGE	NAIC#
		INSURER A: Eve	rest National Insurance Co	mpany	10120
INSURED	A	INSURER B: QBE	Insurance Corporation		39217
Michigan State Youth Soco 9401 General Drive, Suite	cer Association 120	INSURER C :			
Plymouth MI 48170	120	INSURER D :			
,		INSURER E :			
		INSURER F:			
COVERAGES	CERTIFICATE NUMBER: 63796441		REVISIO	N 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.

		ELIMITO OTTOWN WAT TIAVE BEEN				
TYPE OF INSURANCE	INSD WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
COMMERCIAL GENERAL LIABILITY		SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
CLAIMS-MADE ✓ OCCUR					PREMISES (Ea occurrence)	\$\$300,000
					MED EXP (Any one person)	\$ Excluded
					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		SI8GL01851-211	9/1/2021	9/1/2022	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		SI8EX01724-211	9/1/2021	9/1/2022	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	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	\$
Participant Accident Medical		UBH000005	9/1/2021	9/1/2022	\$100,000	
	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY CLAIMS-MADE CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCY PRODUCY PRODUCY OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY AUTOS ONLY AUTOS ONLY UMBRELLA LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	TYPE OF INSURANCE TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- POLICY JECT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY WORKERS COMPENSATION \$ WORKERS COMPENSATION ANY PROPRIETOR/PARTNER/EXECUTIVE OMNED DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OMNETOR OCCUR CLAIMS-MADE V/N OCCUR CLAIMS-MADE N/A WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OMNIC Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY CLAIMS-MADE COUNTER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPOPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER REXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	TYPE OF INSURANCE ADDL SUBR POLICY NUMBER POLICY STATE COMMERCIAL GENERAL LIABILITY SI8GL01851-211 9/1/2021 CLAIMS-MADE	TYPE OF INSURANCE INSU WVD POLICY NUMBER (MM/DD)YYYY) COMMERCIAL GENERAL LIABILITY CLAIMS-MADE COCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROPORTION AUTO OWNED AUTOS ONLY AUTOS ON	TYPE OF INSURANCE ADDL SURP POLICY NUMBER POLICY EFF (MM/DD/YYY) (MM/DD/YYY) MM/DD/YYY) LIMIT COMMERCIAL GENERAL LIABILITY CALAIMS-MADE OCCUR CLAIMS-MADE OCCUR CALAIMS-MADE OCCUR CLAIMS-MADE OCCUR CALAIMS-MADE OCCUR

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 & Michigan Youth Soccer League 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
MACOMB INTERMEDIATE SCHOOLS/ NORMAN ROCKWELL JR. HIGH 12225 MASONIC	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
WARREN MI 48093	AUTHORIZED REPRESENTATIVE
	Gary Patterson
	Gary Fallerson



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 lieu of s					
PRODUCER USI Insurance Services NW	CONTACT NAME:				
601 Union Street, Suite 1000	PHONE (A/C, No, Ext): 206-441-6300 FAX (A/C, No):				
Seattle, WA 98101	E-MAIL ADDRESS:				
	INSURER(S) AFFORDING COVERAGE	NAIC#			
	INSURER A: Everest National Insurance Company	10120			
INSURED	INSURER B: QBE Insurance Corporation	39217			
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:				
Plymouth MI 48170	INSURER D :				
	INSURER E :				
	INSURER F:				
COVERAGES CERTIFICATE NUMBER: 63796442	REVISION NUMBER:				
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORD EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE	OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO $\mbox{\scriptsize LED}$ BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL T	WHICH THIS			

	CONTRACTOR			ENVITO ONO WIT WINT TINVE BEENT		DOLLOW EVE		
	TYPE OF INSURANCE			POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	s
1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
	CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
							MED EXP (Any one person)	\$ Excluded
							PERSONAL & ADV INJURY	\$\$1,000,000
GEN							GENERAL AGGREGATE	\$\$5,000,000
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$\$1,000,000
	OTHER:						Participant Legal Liabi	\$\$1,000,000
AUT	OMOBILE LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
	ANY AUTO						BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
/	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB ✓ OCCUR			SI8EX01724-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,000,000
1	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$\$5,000,000
	DED RETENTION \$							\$
	EMPLOYEDS! LIABILITY						PER OTH- STATUTE ER	
ANYF	PROPRIETOR/PARTNER/EXECUTIVE T N	N / A					E.L. EACH ACCIDENT	\$
(Man	ndatory in NH)	117.2					E.L. DISEASE - EA EMPLOYEE	\$
If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
Part	ticipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000	
	GEN WORAND OFFI (Mar If yee	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCY LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY UMBRELLA LIAB UMBRELLA LIAB CCUR CLAIMS-MADE	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- DIECT OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY UMBRELLA LIAB V OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	TYPE OF INSURANCE TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY CLAIMS-MADE CCAIMS-MADE CC	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY CLAIMS-MADE CCAIMS-MADE N/A WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE (Mandatory in NH) If yes, describe under CDESCRIPTION OF OPERATIONS below	TYPE OF INSURANCE TYPE OF INSURANCE ADDL SUBR INSUR WYD POLICY NUMBER POLICY NUMBER POLICY NUMBER POLICY SIBGLO1851-211 9/1/2021 GEN'L AGGREGATE LIMIT APPLIES PER: POLICY JECT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY AUTOS ONLY AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY UMBRELLA LIAB VOCCUR CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYER'S LIABILITY ANY ANY POPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	TYPE OF INSURANCE INSU WYD POLICY NUMBER (MM/DD/YYYY) POLICY EXP (MM/DD/YYYYY) POLICY EXP (MM/DD/YYYYY) POLICY EXP (MM/DD/YYYYY) POLICY EXP (MM/DD/YYYYY) POLICY EXP (MM/DD/YY	TYPE OF INSURANCE ADDI. SURP. POLICY EFF. (MM/DD/YYY) (MM/DD/YY) (MM/DD/YY) (MM/DD/YYY) (MM/DD/YY) (MM/

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

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CERTIFICATE HOLDER	CANCELLATION
MACOMB TOWNSHIP 54111 BROUGHTON ROAD MACOMB TOWNSHIP MI 48042	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)

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this certificate does not confer	rights to the certificate holder in lieu of s	ucn enaorseme	nt(s).		
PRODUCER USI Insurance Serv	rices NW	CONTACT NAME:			
601 Union Street, S	Suite 1000	PHONE (A/C, No, Ext):	206-441-6300	FAX (A/C, No):	
Seattle, WA 98101		E-MAIL ADDRESS:			
			INSURER(S) AFFORDING COV	/ERAGE	NAIC#
		INSURER A : Eve	rest National Insurance C	ompany	10120
INSURED	Ai-ti	INSURER B: QB	E Insurance Corporation		39217
Michigan State Youth Socc 9401 General Drive, Suite	er Association 120	INSURER C:			
Plymouth MI 48170	120	INSURER D :			
-		INSURER E :			
		INSURER F:			
COVERAGES	CERTIFICATE NUMBER: 63796443		REVISION	ON 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	COLOGICINO AND CONDITIONS OF SOCI	ADDLS			POLICY EFF	POLICY EXP		
LTR	TYPE OF INSURANCE	INSD \	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
Α	CLAIMS-MADE OCCUR			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,000,000 \$\$300.000
							MED EXP (Any one person)	\$ Excluded
							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			SI8GL01851-211	9/1/2021	9/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
	ANY AUTO						BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	✓ HIRED AUTOS ONLY ✓ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB ✓ OCCUR			SI8EX01724-211	9/1/2021	9/1/2022	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 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	Participant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000	

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

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1	AUTHORIZED REPRESENTATIVE ###################################
MACOMB TOWNSHIP 54111 BROUGHTON ROAD MACOMB TOWNSHIP MI 48042	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)

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tilis certificate does flot collier	rights to the certificate holder in field of s	uch endorseme	π(5).		
PRODUCER USI Insurance Serv	vices NW	CONTACT NAME:			
601 Union Street, S	Suite 1000	PHONE (A/C, No, Ext):	206-441-6300	FAX (A/C, No):	
Seattle, WA 98101		E-MAIL ADDRESS:			
			INSURER(S) AFFORDING COVERA	GE	NAIC#
		INSURER A: Eve	rest National Insurance Comp	oany	10120
INSURED		INSURER B: QBE	E Insurance Corporation		39217
Michigan State Youth Socc 9401 General Drive, Suite	er Association 120	INSURER C:			
Plymouth MI 48170	120	INSURER D :			
j		INSURER E :			
		INSURER F:			
COVERAGES	CERTIFICATE NUMBER: 63796444		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		ADDL SU		POLICY EFF	POLICY EXP	LIMIT	e
A A	COMMERCIAL GENERAL LIABILITY	INSD W	SI8GL01851-211	9/1/2021	9/1/2022		
^	COMMERCIAL GENERAL LIABILITY		518GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE DAMAGE TO RENTED	\$\$1,000,000
	CLAIMS-MADE ✓ OCCUR					PREMISES (Ea occurrence)	\$\$300,000
						MED EXP (Any one person)	\$ Excluded
						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		SI8GL01851-211	9/1/2021	9/1/2022	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		SI8EX01724-211	9/1/2021	9/1/2022	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	Participant Accident Medical		UBH000005	9/1/2021	9/1/2022	\$100,000	

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

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CERTIFICATE HOLDER	CANCELLATION
MACOMB TOWNSHIP PARKS RECREATION 20699 MACOMB ST MACOMB MI 48042	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
į.	Gary Patterson
·	



DATE (MM/DD/YYYY) 9/9/2021

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.

	SUBROGATION IS WAIVED, subject is certificate does not confer rights							require an endorsement	. A st	atement on	
PRO	DUCER USI Insurance Services N	W			CONTA NAME:	СТ					
	601 Union Street, Suite 10				PHONE (A/C, No	. Evt\.	206-441-6300) FAX (A/C, No):			
	Seattle, WA 98101				E-MAIL ADDRE	SS:	200 441 0000	(A/C, NO).			
						IN:	SURER(S) AFFOR	RDING COVERAGE		NAIC#	
					INSURER A: Everest National Insurance Company 1012						
INSU					INSURER B: QBE Insurance Corporation 3921						
M 9	ichigan State Youth Soccer Ass 101 General Drive, Suite 120	ocia	tion		INSURER C:						
P	ymouth MI 48170				INSURE	RD:					
	•				INSURE	RE:					
					INSURE	RF:					
				NUMBER: 63796445				REVISION NUMBER:			
IN CI EX	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. POLICY EFF POLICY EXP										
INSR LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	3		
Α	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE DAMAGE TO RENTED	\$\$1,00	00,000	
	CLAIMS-MADE 🗸 OCCUR							PREMISES (Ea occurrence)	\$\$300	,000	
								MED EXP (Any one person)	\$ Exclu		
								PERSONAL & ADV INJURY	\$\$1,00	· ·	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$\$5,00		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$\$1,00	,	
Α	OTHER: AUTOMOBILE LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	Participant Legal Liabi COMBINED SINGLE LIMIT	\$\$1,00	,	
	ANY AUTO			01001001211		3/1/2021	37 172022	(Ea accident) BODILY INJURY (Per person)	\$\$1,00 \$	00,000	
	OWNED SCHEDULED							, , ,	\$		
	AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
	AUTOS ONLY AUTOS ONLY							(r er accident)	\$		
	UMBRELLA LIAB ✓ OCCUR			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5.00	00.000	
	✓ EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$\$5.00		
	DED RETENTION \$								\$,	
	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								\$		
В	Participant Accident Medical			UBH000005		9/1/2021	9/1/2022	\$100,000			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedul	e, may b	e attached if mor	re space is requir	ed)			
Ce	s certificate is issued on behalf of Mich rtificate holder is Additional Insured as he state association. Waiver of Subrog	respe	cts th	e operations of the Named	Insure	ď for sanctior	occer League ned activities				
CEI	RTIFICATE HOLDER				CANC	ELLATION					
Maconce Elementary 6300 Church Road Ira Township MI 48023 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.											

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Gary D. Putterson

AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY) 9/9/2021

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

	SUBROGATION IS WAIVED, subject s certificate does not confer rights t						require an endo	rsement	. A sta	atement on
PRODU	USI Insurance Services N	W		CONTAC NAME:	CT					
	601 Union Street, Suite 10	000		PHONE (A/C. No	o. Ext):	206-441-6300)	FAX (A/C, No):		
	Seattle, WA 98101			E-MAIL ADDRES	SS:					
					INS	SURER(S) AFFOR	RDING COVERAGE			NAIC #
				INSURE	RA: Everest	National Insu	rance Company			10120
INSUR		! _ 4!		INSURE	кв: QBE Ins	surance Corp	oration			39217
IVII0	chigan State Youth Soccer Ass 01 General Drive, Suite 120	ociation		INSURE	RC:					
Ply	mouth MI 48170			INSURE	RD:					
,				INSURE	RE:					
				INSURE	RF:					
COV	ERAGES CER	TIFICATE	NUMBER: 63796446				REVISION NUM	IBER:		
IND CEI	S IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RESTIFICATE MAY BE ISSUED OR MAY	EQUIREME PERTAIN,	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY	Y CONTRACT THE POLICIE	OR OTHER I S DESCRIBEI	DOCUMENT WITH D HEREIN IS SUE	RESPEC	CT TO V	WHICH THIS
INSR	CLUSIONS AND CONDITIONS OF SUCH	ADDLISUBR		BEEN R	POLICY EFF	PAID CLAIMS.				
LTR	TYPE OF INSURANCE	INSD WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMITS	S	
Α _	COMMERCIAL GENERAL LIABILITY		SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENC		\$\$1,00	0,000
	CLAIMS MADE / OCCUP						DAMAGE TO RENTE	-D (e Φ200	000

LTR	TYPE OF INSURANCE			WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
Α	<	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
								MED EXP (Any one person)	\$ Excluded
								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			SI8GL01851-211	9/1/2021	9/1/2022	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			SI8EX01724-211	9/1/2021	9/1/2022	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 Y / N	N/A					E.L. EACH ACCIDENT	\$
	(Man	CER/MEMBEREXCLUDED?	117.2					E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Pari	ticipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000	

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 & Michigan Youth Soccer League 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 ###################################
MADISON ACADEMY 6170 TORREY RD FLINT TOWNSHIP MI 48507	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) 9/9/2021

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

		BROGATION IS WAIVED, subject ertificate does not confer rights to							require an endorsement	. A st	atement on
PROD	UCE	USI Insurance Services N	W			CONTAC NAME:	СТ				
		601 Union Street, Suite 10				PHONE (A/C, No	, Ext): 2	206-441-6300	FAX (A/C, No):		
		Seattle, WA 98101				E-MAIL ADDRES	SS:				
							INS	URER(S) AFFOR	DING COVERAGE		NAIC#
						INSURE	RA: Everest	National Insu	rance Company		10120
INSU						INSURE	кв: QBE Ins	surance Corp	oration		39217
M 9∠	ICN IO1	igan State Youth Soccer Asso General Drive, Suite 120	ocia	lion		INSURE	RC:				
ĮΫΙ	ym	outh MI 48170				INSURE	RD:				
						INSURE	RE:				
							RF:				
					NUMBER: 63796447				REVISION NUMBER:		
IN CE EX	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. INST. ADDILIBURE POLICY EFF POLICY EXP										
INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
Α	/	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE DAMAGE TO RENTED	\$\$1,00	00,000
		CLAIMS-MADE ✓ OCCUR							PREMISES (Ea occurrence)	\$\$300	<i>'</i>
									MED EXP (Any one person)	\$ Exclu	
									PERSONAL & ADV INJURY		00,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$\$5,00	
		POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$\$1,00	
		OTHER:			01001 04054 044		0/4/0004	0/4/0000	Participant Legal Liabi	, ,	00,000
Α	AU	TOMOBILE LIABILITY ANY AUTO			SI8GL01851-211		9/1/2021	9/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,00	00,000
		OWNED SCHEDULED							BODILY INJURY (Per person)	\$	
		AUTOS ONLY AUTOS							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$	
		AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$ \$	
		UMBRELLA LIAB / OCCUP			SI8EX01724-211		9/1/2021	9/1/2022		-	
		V OCCUR			310LX01724-211		3/1/2021	9/1/2022	EACH OCCURRENCE		00,000
	•	CLAIWG-WADL							AGGREGATE		00,000
	WOF	DED RETENTION \$ RKERS COMPENSATION							PER OTH- STATUTE ER	\$	
	AND	EMPLOYERS' LIABILITY									
	OFF	PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	If yes	ndatory in NH) s, describe under SCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE		
		ticipant Accident Medical			UBH000005		9/1/2021	9/1/2022	E.L. DISEASE - POLICY LIMIT \$100.000	\$	
		noipant / todacht Medical			05/100000		0/1/2021	0/1/2022	Ψ100,000		
DESC	RIPT	TION OF OPERATIONS / LOCATIONS / VEHICL	ES (4	CORD	101. Additional Remarks Schedul	e. mav he	attached if more	e space is require	ed)		
Thi Cei	s ce	ertificate is issued on behalf of Michicate holder is Additional Insured as restate association. Waiver of Subroga	igan espe	State cts th	Youth Soccer Association 8 operations of the Named	& Michi Insure	gan Youth So d for sanction	ccer League			

CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE Madison High School Gym 915 E. 11 Mile Madison Heights MI 48071 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) 9/9/2021

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	SUBROGATION IS WAIVED, subject s certificate does not confer rights t	to the	e tei	ms and conditions of th	ne polic	cy, certain po	olicies may	•	rsement.	A sta	atement on
PROD	USI Insurance Services N	W			CONTA NAME:	СТ					
	601 Union Street, Suite 10	000			PHONE (A/C, No		206-441-6300)	FAX (A/C, No):		
	Seattle, WA 98101				E-MAIL ADDRE	SS:					
						INS	SURER(S) AFFOR	RDING COVERAGE			NAIC#
					INSURE	RA: Everest	National Insu	rance Company			10120
INSUF		: _ +:			INSURE	RB: QBE Ins	surance Corp	oration			39217
	chigan State Youth Soccer Ass 01 General Drive, Suite 120	ociati	on		INSURE	RC:					
ΡĪ	mouth MI 48170				INSURE	RD:					
					INSURE	RE:					
					INSURE	RF:					
COV	ERAGES CER	TIFIC	ATE	NUMBER: 63796448				REVISION NUM	/IBER:		
INI CE EX	IS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RERTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH	QUIRE PERTA POLIC	EMEI AIN, IES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH D HEREIN IS SUI	H RESPEC	T TO \	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL S		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS		
Α	✓ COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENC		\$\$1,00	00,000
	CLAIMS-MADE ✓ OCCUR							DAMAGE TO RENTE PREMISES (Ea occu		\$\$300	,000
								MED EXP (Any one	person)	\$ Exclu	ıded
								PERSONAL & ADV I	INJURY S	\$\$1,00	00,000

LIK	THE OF INCOMMOL	INSD WVL	POLICT NUMBER	(MINI/DD/TTTT)	(MIM/DD/YYYY)	LIMIT	J
Α	COMMERCIAL GENERAL LIABILITY		SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE DAMAGE TO RENTED	\$\$1,000,000
	CLAIMS-MADE ✓ OCCUR					PREMISES (Ea occurrence)	\$\$300,000
						MED EXP (Any one person)	\$ Excluded
						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		SI8GL01851-211	9/1/2021	9/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
1	ANY AUTO					BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	✓ HIRED AUTOS ONLY ✓ NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB ✓ OCCUR		SI8EX01724-211	9/1/2021	9/1/2022	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	Participant Accident Medical		UBH000005	9/1/2021	9/1/2022	\$100,000	

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 & Michigan Youth Soccer League 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
MADONNA 36600 SCHOOLCRAFT RD LIVONIA MI 48150	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) 9/9/2021

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	SUBROGATION IS WAIVED, subject is certificate does not confer rights t							require an endorsement.	A st	atement on
PROI	UCER USI Insurance Services N	w			CONTAC NAME:	СТ				
	601 Union Street, Suite 10				PHONE	- F-4). 2	206-441-6300	FAX (A/C, No):		
	Seattle, WA 98101				E-MAIL ADDRES		-000 441 0000	(A/C, NO).		
					INSURER(S) AFFORDING COVERAGE					
					INSURE	RA: Everest	National Insu	rance Company		10120
INSU	кер chigan State Youth Soccer Ass	ooio:	tion		INSURER B: QBE Insurance Corporation 39217					
IVI Q2	01 General Drive, Suite 120	UCIA	liOH		INSURE	RC:				
Ď	ymouth MI 48170				INSURE	RD:				
	,				INSURE	RE:				
					INSURE	RF:				
CO	ERAGES CER	TIFIC	CATE	NUMBER: 63796449				REVISION NUMBER:		
IN CE EX	IS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RI RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT POLI	REME	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN'	Y CONTRACT THE POLICIES	OR OTHER I	DOCUMENT WITH RESPEC HEREIN IS SUBJECT TO	T TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	;	
Α	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$ \$1,00	00,000
	CLAIMS-MADE ✓ OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300	,000
								MED EXP (Any one person)	\$ Exclu	ıded
								PERSONAL & ADV INJURY	\$ \$1,00	00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	s \$5,00	00,000
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$\$1,00	00.000
	OTHER:								\$\$1,00	
Α	AUTOMOBILE LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	COMPINIED ONIOLE LIMIT	\$\$1,00	
	ANY AUTO								\$	50,000
	OWNED SCHEDULED							` ' '	\$	
	AUTOS ONLY AUTOS NON-OWNED							DDODEDT//DAMAGE	\$	
	AUTOS ONLY AUTOS ONLY								\$ \$	
	UMBRELLA LIAB / OCCUP			SI8EX01724-211		9/1/2021	9/1/2022		-	20.000
	/ FYOESOLUAD			OIOLXO1724 Z11		0/1/2021	3/1/2022		\$ \$5,00	· ·
	CLAIIVIS-IVIADE								\$ \$5,00	00,000
	DED RETENTION \$ WORKERS COMPENSATION								\$	
	AND EMPLOYERS' LIABILITY Y / N							PER OTH- STATUTE ER		
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH) If ves, describe under							E.L. DISEASE - EA EMPLOYEE	\$	
	DÉSCRIPTION OF OPERATIONS below								\$	
В	Participant Accident Medical			UBH000005		9/1/2021	9/1/2022	\$100,000		
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedul	e, may be	e attached if more	e space is require	ed)		
Ce	s certificate is issued on behalf of Mich tificate holder is Additional Insured as ne state association. Waiver of Subrog	espe	cts th	e operations of the Named	Insure	ď for sanction	ccer League ed activities			
CEI	TIFICATE HOLDER				CANC	CELLATION				
MADONNA UNIVERSITY 36600 SCHOOLCRAFT RD LIVONIA MI 48150 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVED ACCORDANCE WITH THE POLICY PROVISIONS.						-				

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Gary D. Putterson

AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY) 9/9/2021

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 noticy/ies) must have ADDITIONAL INSURED provisions or be endorsed

If SUI	BROGATION IS WAIVED, subject certificate does not confer rights t	t to the ter	ms and conditions of th	e polic uch end	y, certain po dorsement(s	olicies may i	•		
PRODUCE	ER USI Insurance Services N 601 Union Street, Suite 10 Seattle, WA 98101			CONTAC NAME: PHONE (A/C, No E-MAIL ADDRES	o, Ext): 2	206-441-6300	FAX (A/C, No):		
				ADDRE		SURER(S) AFFOR	DING COVERAGE		NAIC #
				INSURE	RA: Everest	National Insu	rance Company		10120
INSURED				INSURE	кв: QBE Ins	surance Corp	oration		39217
	igan State Youth Soccer Ass □General Drive, Suite 120	ociation		INSURE	RC:				
	nouth MI 48170			INSURE	RD:				
•				INSURE	RE:				
				INSURE	RF:				
COVER	RAGES CER	RTIFICATE	NUMBER: 63796450				REVISION NUMBER:		
INDIC	IS TO CERTIFY THAT THE POLICIES ATED. NOTWITHSTANDING ANY RE	EQUIREMEN	NT, TERM OR CONDITION	OF ANY	CONTRACT	OR OTHER I	DOCUMENT WITH RESPEC	CT TO V	VHICH THIS
	IFICATE MAY BE ISSUED OR MAY USIONS AND CONDITIONS OF SUCH	POLICIES.	LIMITS SHOWN MAY HAVE) HEREIN IS SUBJECT TO) ALL T	HE TERMS,
INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	S	
Α 🗸	COMMERCIAL GENERAL LIABILITY		SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,00	0,000
	CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,	,000
							MED EXP (Any one person)	\$ Exclu	ded
							DEDOCALAL & ADVIALIUDY	o 0 1 00	0000

			IIIOD	TTT	. 02.01.1022.1		(INTINITION TO THE TENT		
Α	1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
								MED EXP (Any one person)	\$ Excluded
								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			SI8GL01851-211	9/1/2021	9/1/2022	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 V NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB ✓ OCCUR			SI8EX01724-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,000,000
	1	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	Part	icipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000	·

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 & Michigan Youth Soccer League 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
MADONNA UNIVERSITY 36600 SCHOOLCRAFT RD LIVONIA MI 48150	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) 9/9/2021

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

	SUBROGATION IS WAIVED, subject to the terms and conditions of is certificate does not confer rights to the certificate holder in lieu of		•	•	require an endor	sement	. A statement on	
PROI	DUCER USI Insurance Services NW	CONTACT NAME:						
	601 Union Street, Suite 1000	PHONE (A/C, No, E	Ext): 2	206-441-6300) [FAX (A/C, No):		
	Seattle, WA 98101	E-MAIL ADDRESS:	:					
			INS	URER(S) AFFOR	DING COVERAGE		NAIC#	
		INSURER A	a: Everest	National Insu	rance Company		10120	
INSU	· 	INSURER E	в: QBE Ins	urance Corpo	oration		39217	
IVI 9∠	lichigan State Youth Soccer Association 401 General Drive, Suite 120	INSURER (C:					
	lymouth MI 48170	INSURER D:						
		INSURER E	INSURER E :					
		INSURER F	F:					
CO	VERAGES CERTIFICATE NUMBER: 63796451				REVISION NUM	BER:		
	HIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW H							
	DICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITIO ERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFOR							
E	KCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAV						· · · · · · · · · · · · · · · · · · ·	
INSR LTR	TYPE OF INSURANCE ADDL SUBR INSD WVD POLICY NUMBER		POLICY EFF MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	S	
Δ	COMMERCIAL GENERAL LIABILITY SIRGI 01851-211	Q	/1/2021	9/1/2022		_	- #1 000 000	

LTR	TYPE OF INSURANCE			WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
Α	<	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
								MED EXP (Any one person)	\$ Excluded
								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			SI8GL01851-211	9/1/2021	9/1/2022	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			SI8EX01724-211	9/1/2021	9/1/2022	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 Y / N	N/A					E.L. EACH ACCIDENT	\$
	(Man	CER/MEMBEREXCLUDED?	117.2					E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Pari	ticipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000	

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

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CERTIFICATE HOLDER	CANCELLATION
Madonna University 36600 Schoolcraft Road Livonia MI 48150	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) 9/9/2021

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the policy/ice) must have ADDITIONAL INCLIDED provisions on be andersed

lf :	SUBROGATION IS WAIVED, subject secrificate does not confer rights to	to th	e ter	ms and conditions of th	e polic	y, certain po	olicies may	•			
PROD	UCER USI Insurance Services N	N			CONTA NAME:	СТ					
	601 Union Street, Suite 10	00			PHONE (A/C, No, Ext): 206-441-6300 (A/C, No):						
	Seattle, WA 98101				E-MAIL ADDRE	SS:					
						INS	SURER(S) AFFOR	RDING COVERAGE			NAIC#
					INSURE	RA: Everest	National Insu	rance Company			10120
INSUF		: . 4:			INSURE	RB: QBE Ins	surance Corp	oration			39217
l IVII O⊿	chigan State Youth Soccer Asso 01 General Drive, Suite 120	ociati	ion		INSURE	RC:					
ΡΙ	mouth MI 48170				INSURER D:						
					INSURE	RE:					
					INSURE	RF:					
				NUMBER: 63796452				REVISION NUM			
INI CE EX	IS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE RTIFICATE MAY BE ISSUED OR MAY FOLISIONS AND CONDITIONS OF SUCH F	QUIRI PERTA POLIC	EMEI AIN, SIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN'	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH D HEREIN IS SU	RESPEC	T TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL S		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	3	
Α	✓ COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENC		\$\$1,00	00,000
	CLAIMS-MADE ✓ OCCUR							DAMAGE TO RENTI PREMISES (Ea occu		\$\$300	,000
								MED EXP (Any one	person)	\$ Exclu	ıded
								PERSONAL & ADV I	NJURY	\$\$1,00	00,000
										ΦΕ 00	20.000

GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$\$5,000,000 PRO-JECT POLICY LOC PRODUCTS - COMP/OP AGG \$\$1,000,000 \$\$1,000,000 OTHER: Participant Legal Liabi COMBINED SINGLE LIMIT (Ea accident) **AUTOMOBILE LIABILITY** SI8GL01851-211 9/1/2021 9/1/2022 \$\$1,000,000 ANY AUTO BODILY INJURY (Per person) OWNED AUTOS ONLY HIRED SCHEDULED AUTOS NON-OWNED BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTOS ONLY **AUTOS ONLY** UMBRELLA LIAB SI8EX01724-211 9/1/2021 9/1/2022 / OCCUR EACH OCCURRENCE \$\$5,000,000 **EXCESS LIAB** CLAIMS-MADE AGGREGATE \$\$5,000,000 DED RETENTION \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? 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 UBH000005 9/1/2021 9/1/2022 Participant Accident Medical \$100,000

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

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CERTIFICATE HOLDER	CANCELLATION
Magahay Elementary 44700 Olander Sterling Heights MI 48310	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



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	not confer rights to the certificat		•		e an endorsement. A st	atement on				
PRODUCER USI Insura		<u> </u>	CONTACT NAME:							
601 Union	Street, Suite 1000		PHONE (A/C, No, Ext):	206-441-6300	FAX (A/C, No):					
Seattle, W	A 98101		E-MAIL ADDRESS:							
				INSURER(S) AFFORDING C	OVERAGE	NAIC#				
			INSURER A : Ever	rest National Insurance	Company	10120				
INSURED	the Consensus Annualisations		INSURER B: QBE	Insurance Corporation	1	39217				
9401 General Dri	outh Soccer Association		INSURER C :							
Plymouth MI 481			INSURER D :							
•			INSURER E :							
			INSURER F:							
COVERAGES	CERTIFICATE NU	MBER: 63796453		REVIS	SION NUMBER:					
	THAT THE POLICIES OF INSURANC									
	HSTANDING ANY REQUIREMENT, T E ISSUED OR MAY PERTAIN, THE									
	NDITIONS OF SUCH POLICIES. LIMIT	S SHOWN MAY HAVE								
INSR TYPE OF I	NSURANCE ADDL SUBR	POLICY NUMBER	POLICY E	FF POLICY EXP	LIMITS					

INSR LTR	R TYPE OF INSURANCE			SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	^	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
								MED EXP (Any one person)	\$ Excluded
								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			SI8GL01851-211	9/1/2021	9/1/2022	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 VON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB ✓ OCCUR			SI8EX01724-211	9/1/2021	9/1/2022	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							\$
В	Part	ticipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000	

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

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CERTIFICATE HOLDER	CANCELLATION
MAPLE LANE ELEMENTARY 34600 DRYDEN STERLING HEIGHTS MI 48312	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
1	Gary Patterson



DATE (MM/DD/YYYY) 9/9/2021

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							rms and conditions of the ificate holder in lieu of s				require an endo	rsement	. Ast	atement on
PRO	DUCE	R USI Insura 601 Union Seattle, W	St	e Services N reet, Suite 10 8101	W 000			CONTA NAME: PHONE (A/C, No E-MAIL ADDRE	o, Ext):	206-441-6300)	FAX (A/C, No):		
														NAIC#
								INSURE			rance Company			10120
INSU				_		_		1		surance Corp				39217
l M	ichi	gan State Yo General Driv	uth	Soccer Ass	ocia	tion		INSURE	RC:					
P	ym	outh MI 481	70 70	Suite 120				INSURE	RD:					
	•							INSURE	RE:					
								INSURE	RF:					
		AGES					NUMBER: 63796454				REVISION NUM			
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.										WHICH THIS				
INSR LTR		TYPE OF IN	ISUF	RANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
Α	1	COMMERCIAL GEN	NER	AL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENC		\$\$1,0	00,000
		CLAIMS-MADI	E	✓ OCCUR							DAMAGE TO RENTE PREMISES (Ea occu	=D ırrence)	\$\$300),000
											MED EXP (Any one	person)	\$ Exclu	uded
											PERSONAL & ADV I	NJURY		00,000
	GEN	N'L AGGREGATE LIM		APPLIES PER:							GENERAL AGGREG	SATE	\$\$5,00	00,000
		POLICY PROJECT)- T	LOC							PRODUCTS - COMP	P/OP AGG		00,000
Α	AUT	OTHER: OMOBILE LIABILITY	′				SI8GL01851-211		9/1/2021	9/1/2022	Participant Legal COMBINED SINGLE (Ea accident)			00,000 00,000
		ANY AUTO									BODILY INJURY (Pe	er person)	\$	
		OWNED AUTOS ONLY		SCHEDULED AUTOS							BODILY INJURY (Pe	,	\$	
	/	HIRED AUTOS ONLY	/	NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	SE	\$	
													\$	
		UMBRELLA LIAB	L	✓ OCCUR			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURRENC	E	\$\$5,00	00,000
	/	EXCESS LIAB		CLAIMS-MADE							AGGREGATE		\$\$5,00	00,000
		DED RETE									DED	OTH	\$	
		RKERS COMPENSAT EMPLOYERS' LIABI									PER STATUTE	OTH- ER		
		PROPRIETOR/PARTI CER/MEMBEREXCLI		EXECUTIVE	N/A						E.L. EACH ACCIDEN	NT	\$	
		ndatory in NH) s, describe under									E.L. DISEASE - EA E			
В	DÉS	CRIPTION OF OPER ticipant Accident					UBH000005		9/1/2021	9/1/2022	E.L. DISEASE - POL \$100,000	ICY LIMIT	\$	
Ь	ran	licipant Accident	IVIE	edicai			ОВПОООООЗ		9/1/2021	9/1/2022	\$100,000			
Thi Ce	s ce rtific	rtificate is issued ate holder is Add	d oı ditic	n behalf of Mich onal Insured as r	igan espe	State cts th	o 101, Additional Remarks Schedu Youth Soccer Association to operations of the Named es when required by writter	& Michi I Insure	igan Youth So d for sanction	ccer League	ed)			

CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE MARINE CITY HIGH SCHOOL 1085 WARD STREET MARINE CITY MI 48039 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) 9/9/2021

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		BROGATION IS WAIVED, subject certificate does not confer rights to				•	•	•	require an endo	rsement.	A stateme	nt on
PRO	DUC	ER USI Insurance Services N	W			CONTA NAME:	СТ					
		601 Union Street, Suite 10				PHONE (A/C, No, Ext): 206-441-6300 (A/C, No):						
		Seattle, WA 98101				E-MAIL ADDRE				, , ,		
							INS	SURER(S) AFFOR	DING COVERAGE		N.	AIC#
						INSURE	RA: Everest	National Insu	rance Company		101	20
INSU						INSURE	кв: QBE Ins	surance Corp	oration		392	217
		nigan State Youth Soccer Asso I General Drive, Suite 120	ocia	tion		INSURER C:						
		nouth MI 48170				INSURE	RD:					
	,					INSURE	RE:					
						INSURE	RF:					
CO	VEI	RAGES CER	TIFIC	CATE	NUMBER: 63796455	REVISION NUMBER:						
TI	HIS	IS TO CERTIFY THAT THE POLICIES	OF I	INSUF	RANCE LISTED BELOW HA	VE BEE	N ISSUED TO	THE INSURE	D NAMED ABOV	E FOR TH	E POLICY PE	ERIOD
		ATED. NOTWITHSTANDING ANY RE										
		IFICATE MAY BE ISSUED OR MAY I							D HEREIN IS SUE	BJECT TO	ALL THE TE	ERMS,
ı		USIONS AND CONDITIONS OF SUCH				BEEN F						
INSR LTR		TYPE OF INSURANCE		SUBR		R POLICY EFF POLICY EXP LIMITS						
Α	1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENC	E :	\$1,000,000)

LTR	TYPE OF INSURANCE			WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
Α	<	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
								MED EXP (Any one person)	\$ Excluded
								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			SI8GL01851-211	9/1/2021	9/1/2022	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			SI8EX01724-211	9/1/2021	9/1/2022	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 Y / N	N/A					E.L. EACH ACCIDENT	\$
	(Man	CER/MEMBEREXCLUDED?	117.2					E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Pari	ticipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000	

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 & Michigan Youth Soccer League 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
MARINE CITY MIDDLE SCHOOL 6373 KING RD MARINE CITY MI 48039	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 South 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 confer rights to the certificate holder in lieu of such endorsement(s).								
CONTACT NAME:								
PHONE (A/C, No, Ext): 206-441-6300 FAX (A/C, No):								
E-MAIL ADDRESS:								
INSURER(S) AFFORDING COVERAGE	NAIC#							
INSURER A: Everest National Insurance Company	10120							
INSURER B: QBE Insurance Corporation	39217							
INSURER C:								
INSURER D:								
INSURER E :								
INSURER F:								
REVISION NUMBER:								
AVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POL								
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.								
BEEN REDUCED BY PAID CLAIMS.								
	CONTACT NAME: PHONE (A/C, No, Ext): 206-441-6300 FAX (A/C, No): E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: Everest National Insurance Company INSURER B: QBE Insurance Corporation INSURER C: INSURER C: INSURER C: INSURER F: REVISION NUMBER: AVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO DEED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL TO							

INSR LTR TYPE OF INSURANCE INSD WVD POLICY NUMBER (MM/DD/YYYY) (MM/DD/YYYY) LIMITS **COMMERCIAL GENERAL LIABILITY** SI8GL01851-211 9/1/2021 9/1/2022 EACH OCCURRENCE DAMAGE TO RENTED \$\$1,000,000 CLAIMS-MADE ✓ OCCUR \$\$300,000 PREMISES (Ea occurrence) MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$\$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$\$5,000,000 PRO-JECT POLICY PRODUCTS - COMP/OP AGG \$\$1,000,000 \$\$1,000,000 OTHER: Participant Legal Liabi COMBINED SINGLE LIMIT (Ea accident) Α **AUTOMOBILE LIABILITY** SI8GL01851-211 9/1/2021 9/1/2022 \$\$1,000,000 ANY AUTO BODILY INJURY (Per person) OWNED AUTOS ONLY HIRED SCHEDULED AUTOS NON-OWNED BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTOS ONLY **AUTOS ONLY** UMBRELLA LIAB SI8EX01724-211 9/1/2021 9/1/2022 1 OCCUR EACH OCCURRENCE \$\$5,000,000 **EXCESS LIAB CLAIMS-MADE AGGREGATE** \$\$5,000,000 DED RETENTION \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? 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 UBH000005 9/1/2021 Participant Accident Medical 9/1/2022 \$100,000

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

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SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFOR	
MARINE CITY MIDDLE SCHOOL 6373 KING ROAD MARINE CITY MI 48039 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) 9/9/2021

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this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).								
PRODUCER USI Insurar			CONTACT NAME:	(-)-				
601 Union	Street, Suite 1000		PHONE (A/C, No, Ext):					
Seattle, WA	1 98101		E-MAIL ADDRESS:					
				INSURER(S) AFFORDING C	OVERAGE	NAIC#		
			INSURER A: Ever	est National Insurance	Company	10120		
INSURED	uth Casasu Association		INSURER B: QBE	Insurance Corporation	1	39217		
9401 General Driv	th Soccer Association Suite 120		INSURER C:					
Plymouth MI 4817			INSURER D :					
•			INSURER E :					
			INSURER F:					
COVERAGES	CERTIFICATE NUM	MBER: 63796457		REVIS	SION NUMBER:			
	HAT THE POLICIES OF INSURANCE							
	STANDING ANY REQUIREMENT, TE ISSUED OR MAY PERTAIN, THE I							
	DITIONS OF SUCH POLICIES. LIMIT	S SHOWN MAY HAVE						
INSR I TR TYPE OF INS	SURANCE INSD WVD	POLICY NUMBER	POLICY EI	FF POLICY EXP	LIMITS			

INSR LTR		TYPE OF INSURANCE		SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	<	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
								MED EXP (Any one person)	\$ Excluded
								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			SI8GL01851-211	9/1/2021	9/1/2022	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			SI8EX01724-211	9/1/2021	9/1/2022	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 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	Part	ticipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000	

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

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CERTIFICATE HOLDER	CANCELLATION
Mark Twain Elementary School 30601 Calahan Rd Roseville MI 48066	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 Gary Patterson
	dary ratterson



DATE (MM/DD/YYYY)

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this certificate does not confer rights to the certificate noider in fied of such endorsement(s).								
PRODUCER USI Insurance Service	es NW	CONTACT NAME:						
601 Union Street, Su	ite 1000	PHONE (A/C, No, Ext): 206-441-6300 FAX (A/C, No):						
Seattle, WA 98101		E-MAIL ADDRESS:						
		INSURER(S) AFFORDING COVERAGE	NAIC#					
		INSURER A: Everest National Insurance Company	10120					
INSURED OLD IN NO.		INSURER B: QBE Insurance Corporation 39217						
Michigan State Youth Soccer Ass 9401 General Drive, Suite 120	r Association 20	INSURER C:						
Plymouth MI 48170		INSURER D:						
		INSURER E :						
		INSURER F:						
COVERAGES	CERTIFICATE NUMBER: 63796458	REVISION NUMBER:						
THIS IS TO CERTIFY THAT THE PO	LICIES OF INSURANCE LISTED BELOW HA	VE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLI	CY PERIOD					

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 COMMERCIAL GENERAL LIABILITY	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
COMMERCIAL GENERAL LIABILITY			((INTINUE DITTILITY		
OGINIMEROIAE GENERAE EIABIETT		SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
CLAIMS-MADE ✓ OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
					MED EXP (Any one person)	\$ Excluded
					PERSONAL & ADV INJURY	\$\$1,000,000
EN'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
UTOMOBILE LIABILITY		SI8GL01851-211	9/1/2021	9/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
ANY AUTO					BODILY INJURY (Per person)	\$
					BODILY INJURY (Per accident)	\$
HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
						\$
UMBRELLA LIAB ✓ OCCUR		SI8EX01724-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,000,000
CLAIMS-MADE					AGGREGATE	\$\$5,000,000
DED RETENTION \$						\$
ORKERS COMPENSATION ND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
NYPROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT	\$
landatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$
yes, describe under ESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
articipant Accident Medical		UBH000005	9/1/2021	9/1/2022	\$100,000	
CN	POLICY PROJECT LOC OTHER: ITOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY UMBRELLA LIAB EXCESS LIAB DED RETENTION \$ OCCUR CLAIMS-MADE DED RETENTION \$ OKERS COMPENSATION D EMPLOYERS LIABILITY VY/N VPROPRIETOR/PARTNER/EXECUTIVE FICER/MEMBEREXCLUDED? INDICATOR OF OPERATIONS below	POLICY PRODECT LOC OTHER: ITOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY HIRED AUTOS ONLY UMBRELLA LIAB EXCESS LIAB DED RETENTION \$ OKERS COMPENSATION D EMPLOYERS' LIABILITY V/N VPROPRIETOR/PARTNER/EXECUTIVE FICER/MEMBEREXCLUDED? INDIADATON N/A es, describe under SCRIPTION OF OPERATIONS below	POLICY PROJECT LOC OTHER: ITOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY UMBRELLA LIAB CLAIMS-MADE DED RETENTION \$ OKKERS COMPENSATION D EMPLOYERS LIABILITY PYPROPRIETOR/PARTNER/EXECUTIVE FICER/MEMBEREXCLUDED? INDIANO OF OPERATIONS below SIRVERS COMPENSATION OF OPERATIONS below	POLICY JECT LOC OTHER: STOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY HIRED AUTOS ONLY CLAIMS-MADE DED RETENTION \$ RETENTION \$	POLICY JECT LOC OTHER: STOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ ORKERS COMPENSATION DEMPLOYERS' LIABILITY YPROPRIETOR/PARTNER/EXECUTIVE FICER/MEMBER EXCLUDED? SINGRANG CRIPTION S below N / A PROBLEM 10 PRODUCT OF OPERATIONS below SISSEX01724-211 SISSEX01724-211 9/1/2021 9/1/2022	PERSONAL & ADV INJURY GENERAL AGGREGATE POLICY PRODUCTS - COMP/OP AGG OTHER: OTHER: ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY BODILY INJURY (Per person) BODILY INJURY (Per pe

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

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MARSH VIEW PARK SOCCER FIELD SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN	CANC	ELLATION
3100 CLARKSTON ROAD OAKLAND TOWNSHIP MI 48393 ACCORDANCE WITH THE POLICY PROVISIONS.	ER FIELD THE	EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN
AUTHORIZED REPRESENTATIVE	АИТНО	
Gary D. Patterson		Gary D. Pitterson
Gary Patterson	Gary	'atterson



DATE (MM/DD/YYYY) 9/9/2021

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PROI	UCER USI Insurance Services N	IW			CONTA NAME:	СТ				
601 Union Street, Suite 1000						o. Ext):	206-441-6300	FAX (A/C, No):	
	Seattle, WA 98101			E-MAIL ADDRE	SS:					
						INS	SURER(S) AFFOR	RDING COVERAGE		NAIC#
					INSURE	RA: Everest	National Insu	rance Company		10120
INSU					INSURE	кв: QBE Ins	surance Corp	oration		39217
Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth MI 48170				INSURER C:						
				INSURER D:						
				INSURER E :						
					INSURE	RF:				
CO	ZERAGES CEI	RTIFIC	CATE	NUMBER: 63796459				REVISION NUMBER:		
	IS IS TO CERTIFY THAT THE POLICIE									
	DICATED. NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR MAY									
	CLUSIONS AND CONDITIONS OF SUCH								IO ALL	THE TERIVIS,
INSR LTR	TYPE OF INSURANCE		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIM	ITS	
Α	✓ COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,0	00,000

LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
Α	1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
								MED EXP (Any one person)	\$ Excluded
								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	AUT	OMOBILE LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	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			SI8EX01724-211	9/1/2021	9/1/2022	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 TITLE	N/A					E.L. EACH ACCIDENT	\$
	(Man	datory in NH)	III A					E.L. DISEASE - EA EMPLOYEE	\$
	If yes	, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Part	icipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000	

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

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CERTIFICATE HOLDER	CANCELLATION
Martell Elementary School 5666 Livernois Road Troy MI 48098	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 : anoton



POLICY

LOC

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).							
PRODUCER USI Insurance Services NW	CONTACT NAME:						
601 Union Street, Suite 1000	PHONE (A/C, No, Ext): 206-441-6300 FAX (A/C, No):						
Seattle, WA 98101	E-MAIL ADDRESS:						
	INSURER(S) AFFORDING COVERAGE	NAIC#					
	INSURER A: Everest National Insurance Company	10120					
INSURED	INSURER B: QBE Insurance Corporation 39217						
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:						
Plymouth MI 48170	INSURER D:						
•	INSURER E :						
	INSURER F:						
COVERAGES CERTIFICATE NUMBER: 63796460	REVISION NUMBER:						
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW I	HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POL	ICY 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. POLICY EFF POLICY EXP (MM/DD/YYYY) ADDL SUBR TYPE OF INSURANCE POLICY NUMBER LTR INSD WVD **COMMERCIAL GENERAL LIABILITY** Α SI8GL01851-211 9/1/2021 9/1/2022 EACH OCCURRENCE DAMAGE TO RENTED \$\$1,000,000 CLAIMS-MADE ✓ OCCUR \$\$300,000 PREMISES (Ea occurrence) MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$\$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$\$5,000,000 PRO-JECT

\$\$1,000,000 OTHER: Participant Legal Liabi COMBINED SINGLE LIMIT (Ea accident) Α **AUTOMOBILE LIABILITY** SI8GL01851-211 9/1/2021 9/1/2022 \$\$1,000,000 ANY AUTO BODILY INJURY (Per person) SCHEDULED AUTOS NON-OWNED OWNED AUTOS ONLY HIRED **BODILY INJURY (Per accident)** \$ PROPERTY DAMAGE (Per accident) \$ AUTOS ONLY **AUTOS ONLY** UMBRELLA LIAB SI8EX01724-211 9/1/2021 9/1/2022

/ OCCUR EACH OCCURRENCE \$\$5,000,000 **EXCESS LIAB CLAIMS-MADE AGGREGATE** \$\$5,000,000 RETENTION \$ DED WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY

ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT UBH000005 Participant Accident Medical 9/1/2021 9/1/2022 \$100,000

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

N/A

This certificate is issued on behalf of Michigan State Youth Soccer Association & Michigan Youth Soccer League 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
MARYSVILLE HIGH SCHOOL 1325 MICHIGAN MARYSVILLE MI 48040	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 Havy D. Patterson
	Gary Patterson

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PRODUCTS - COMP/OP AGG

E.L. EACH ACCIDENT

\$\$1,000,000

\$

\$



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 rig	ints to the certificate holder in lieu of s	ucn enaorsemei	1τ(S).		
PRODUCER USI Insurance Service	es NW	CONTACT NAME:			
601 Union Street, Sui	te 1000	PHONE (A/C, No, Ext):	206-441-6300	FAX (A/C, No):	
Seattle, WA 98101	E-MAIL ADDRESS:				
			INSURER(S) AFFORDING COVE	ERAGE	NAIC#
		INSURER A : Eve	rest National Insurance Co	mpany	10120
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER B: QBE Insurance Corporation 39217				
	INSURER C :				
Plymouth MI 48170	.0	INSURER D :			
,		INSURER E :			
		INSURER F:			
COVERAGES	CERTIFICATE NUMBER: 63796461		REVISIO	N NUMBER:	
THIS IS TO CERTIFY THAT THE POI	ICIES OF INSURANCE LISTED BELOW HA	VE BEEN ISSUED	TO THE INSURED NAMED	ABOVE FOR THE POL	ICY PERIOD

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.

		JSIONS AND CONDITIONS OF SUCH I						
INSR LTR		TYPE OF INSURANCE	ADDL SU	JBR IVD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	1	COMMERCIAL GENERAL LIABILITY		SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
							MED EXP (Any one person)	\$ Excluded
							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		SI8GL01851-211	9/1/2021	9/1/2022	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		SI8EX01724-211	9/1/2021	9/1/2022	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 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	Part	ticipant Accident Medical		UBH000005	9/1/2021	9/1/2022	\$100,000	

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 & Michigan Youth Soccer League 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
Masonic Heights Elementary School 22100 Masonic Blvd St. Clair Shores MI 48082	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) 9/9/2021

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.

	SUBROGATION IS WAIVED, subject is certificate does not confer rights to							require an endorsement.	A sta	atement on
	DUCER USI Insurance Services N		COIL	incate noider in nea or st	CONTA		•			
	601 Union Street, Suite 10	/V			NAME: PHONE (A/C, No			FAX		
	Seattle, WA 98101	00			(A/C, No E-MAIL	o, Ext):	<u>:06-441-6300</u>	(A/C, No):		
	·				E-MAIL ADDRES					
								DING COVERAGE		NAIC #
								rance Company		10120
INSU	^{кер} lichigan State Youth Soccer Asso	ociat	tion		INSURE	RВ: QBE Ins	urance Corp	oration		39217
94	401 General Drive, Suite 120	Julai	liOII		INSURE	RC:				
P	lymouth MI 48170				INSURE	RD:				
					INSURE	RE:				
					INSURE	RF:				
CO	VERAGES CER	TIFIC	CATE	NUMBER: 63796462				REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIO INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THI 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.						WHICH THIS				
INSR LTR	TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	3	
Α	✓ COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,00	00,000
	CLAIMS-MADE ✓ OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300	,000
								MED EXP (Any one person)	\$ Exclu	ıded
								PERSONAL & ADV INJURY	\$\$1,00	00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$\$5,00	00,000
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$\$1,00	00.000
	OTHER:								\$\$1,00	· ·
Α	AUTOMOBILE LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	COMPINED ONIOLE LIMIT	\$\$1,00	
	ANY AUTO							I	\$,0,000
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per accident)	\$	
	, HIRED , NON-OWNED							PROPERTY DAMAGE (Per accident)	\$	
	AUTOS ONLY AUTOS ONLY								\$	
	UMBRELLA LIAB ✓ OCCUR			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5.00	00 000
	EXCESS LIAB CLAIMS-MADE								\$\$5.00	· ·
	DED RETENTION \$								\$ ψο,ος	00,000
	WORKERS COMPENSATION							PER OTH-	Ψ	
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE Y / N								\$	
	OFFICER/MEMBEREXCLUDED?	N/A								
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE		
В	DÉSCRIPTION OF OPERATIONS below Participant Accident Medical			UBH000005		9/1/2021	9/1/2022	E.L. DISEASE - POLICY LIMIT \$100,000	\$	
	·									
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORD	101, Additional Remarks Schedu	le, may be	attached if more	space is require	ed)		
Ce	is certificate is issued on behalf of Michi rtificate holder is Additional Insured as n the state association. Waiver of Subroga	espe	cts the	e operations of the Named	Insure	d for sanction	ccer League ed activities			
CEI	RTIFICATE HOLDER				CANO	ELLATION				
OC!	THIORIC HOLDER				CANC	LLLATION				
52	CGRATH ELEMENTARY 288 TODD ST. RAND BLANC MI 48439				THE	EXPIRATION	DATE THE	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL B Y PROVISIONS.		-
					AUTHO	RIZED REPRESEI	NTATIVE			

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Gary D. Putterson



DATE (MM/DD/YYYY)

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	ghts to the certificate holder in lieu of s			orocinciii. A ou	atomont on	
PRODUCER USI Insurance Services NW		CONTACT NAME:				
601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-441-6300	FAX (A/C, No):			
Seattle, WA 98101		E-MAIL ADDRESS:				
			INSURER(S) AFFORDING COVERAGE		NAIC#	
		INSURER A: Ever	est National Insurance Company	!	10120	
INSURED		INSURER B: QBE	39217			
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:					
Plymouth MI 48170		INSURER D :				
-		INSURER E :				
		INSURER F:				
COVERAGES	CERTIFICATE NUMBER: 63796463		REVISION NUI	MBER:		
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.						
	MAY PERTAIN, THE INSURANCE AFFORD SUCH POLICIES. LIMITS SHOWN MAY HAVE			BJECT TO ALL T	HE LEKINS,	

INSR LTR	TYPE OF INSURANCE	ADDL SUBF		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS	 S
A	✓ COMMERCIAL GENERAL LIABILITY CLAIMS-MADE ✓ OCCUR		SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,000,000 \$\$300,000
						MED EXP (Any one person)	\$ Excluded
						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		SI8GL01851-211	9/1/2021	9/1/2022	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		SI8EX01724-211	9/1/2021	9/1/2022	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	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	Participant Accident Medical		UBH000005	9/1/2021	9/1/2022	\$100,000	

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

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CERTIFICATE HOLDER	CANCELLATION
Meadows Upper Elementary School 1435 W Auburn Rd. Rochester Hills 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) 9/9/2021

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the nolicy/ies) must have ADDITIONAL INSURED provisions or be endorsed

If St	IBROGATION IS WAIVED, subject certificate does not confer rights	to the	e ter	ms and conditions of th	ne polic uch end	cy, certain po dorsement(s	olicies may ı	•		
PRODUC	ER USI Insurance Services N	W			CONTAC NAME:	СТ				
	601 Union Street, Suite 10	000			PHONE (A/C, No). Ext): 2	206-441-6300	FAX (A/C,	No):	
	Seattle, WA 98101				E-MAIL ADDRES			, , ,		
						INS	URER(S) AFFOR	DING COVERAGE		NAIC#
					INSURE	RA: Everest	National Insu	rance Company		10120
INSURE	·				INSURE	кв: QBE Ins	surance Corp	oration		39217
	nigan State Youth Soccer Ass 1 General Drive, Suite 120	ociati	on		INSURE	RC:				
Plyr	nouth MI 48170				INSURE	RD:				
					INSURE	RE:				
					INSURE	RF:				
COVE	RAGES CEF	TIFIC	ATE	NUMBER: 63796464				REVISION NUMBER	₹:	
INDIC CER EXCI	IS TO CERTIFY THAT THE POLICIES CATED. NOTWITHSTANDING ANY RIFICATE MAY BE ISSUED OR MAY USIONS AND CONDITIONS OF SUCH	EQUIRE PERTA POLIC	EMEI AIN, IES.	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN'	Y CONTRACT THE POLICIES REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RES	SPECT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL S		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	ı	LIMITS	
Α 🗸	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,0	00,000
	CLAIMS-MADE ✓ OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence	\$\$300),000
								MED EXP (Any one person) \$Excl	uded
								PERSONAL & ADV INJURY	y \$\$1,0	00,000

\$\$5,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE PRO-JECT POLICY LOC PRODUCTS - COMP/OP AGG \$\$1,000,000 \$\$1,000,000 OTHER: Participant Legal Liabi COMBINED SINGLE LIMIT (Ea accident) **AUTOMOBILE LIABILITY** SI8GL01851-211 9/1/2021 9/1/2022 \$\$1,000,000 ANY AUTO BODILY INJURY (Per person) OWNED AUTOS ONLY HIRED SCHEDULED AUTOS NON-OWNED BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTOS ONLY **AUTOS ONLY** UMBRELLA LIAB SI8EX01724-211 9/1/2021 9/1/2022 / OCCUR EACH OCCURRENCE \$\$5,000,000 **EXCESS LIAB** CLAIMS-MADE AGGREGATE \$\$5,000,000 DED RETENTION \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? 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 UBH000005 9/1/2021 9/1/2022 Participant Accident Medical \$100,000

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

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CERTIFICATE HOLDER	CANCELLATION
Messmore Elementary School 8742 Dill Drive Sterling Heights MI 48312	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) 9/9/2021

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this certificate does not confer rights to the certificate holder in lieu of s	uch endorsement(s).				
PRODUCER USI Insurance Services NW	CONTACT NAME:				
601 Union Street, Suite 1000	PHONE (A/C, No, Ext): 206-441-6300 FAX (A/C, No):				
Seattle, WA 98101	E-MAIL ADDRESS:				
	INSURER(S) AFFORDING COVERAGE	NAIC#			
	INSURER A: Everest National Insurance Company	10120			
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER B: QBE Insurance Corporation 39217				
	INSURER C:				
Plymouth MI 48170	INSURER D:				
•	INSURER E :				
	INSURER F:				
COVERAGES CERTIFICATE NUMBER: 63796465	REVISION NUMBER:				
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA					
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION					
CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORD	IED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO F	LL IME LEKMS,			

EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. POLICY EFF POLICY EXP (MM/DD/YYYY) INSR LTR ADDL SUBR TYPE OF INSURANCE POLICY NUMBER LIMITS INSD WVD **COMMERCIAL GENERAL LIABILITY** Α SI8GI 01851-211 9/1/2021 9/1/2022 EACH OCCURRENCE DAMAGE TO RENTED \$\$1,000,000 CLAIMS-MADE / OCCUR \$\$300,000 PREMISES (Ea occurrence) MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$\$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$\$5,000,000 PRO-JECT POLICY LOC PRODUCTS - COMP/OP AGG \$\$1,000,000 \$\$1,000,000 OTHER: Participant Legal Liabi COMBINED SINGLE LIMIT (Ea accident) Α **AUTOMOBILE LIABILITY** SI8GL01851-211 9/1/2021 9/1/2022 \$\$1,000,000 ANY AUTO BODILY INJURY (Per person) SCHEDULED AUTOS NON-OWNED OWNED AUTOS ONLY HIRED BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTOS ONLY **AUTOS ONLY** UMBRELLA LIAB SI8EX01724-211 9/1/2021 9/1/2022 / OCCUR EACH OCCURRENCE \$\$5,000,000 **EXCESS LIAB** CLAIMS-MADE **AGGREGATE** \$\$5,000,000 DED RETENTION \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? 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 UBH000005 9/1/2021 9/1/2022 Participant Accident Medical \$100,000

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

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Michigan Revolution Training Center 42840 Merrill Road Sterling Heights MI 48314	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) 9/9/2021

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 lieu of such endorsement(s).								
PRODUCER USI Insurance Services NW	CONTACT NAME:							
601 Union Street, Suite 1000	PHONE (A/C, No, Ext): 206-441-6300 FAX (A/C, No):							
Seattle, WA 98101	E-MAIL ADDRESS:							
	INSURER(S) AFFORDING COVERAGE	NAIC#						
	INSURER A: Everest National Insurance Company	10120						
INSURED	INSURER B: QBE Insurance Corporation 39217							
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C :							
Plymouth MI 48170	INSURER D :							
•	INSURER E :							
	INSURER F:							
COVERAGES CERTIFICATE NUMBER: 63796466	REVISION NUMBER:							
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA								
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.								

	EXCEDIBITION OF SOME THOUGHT OF THE PROPERTY WATER TO BE A THOUGHT OF THE PROPERTY OF THE PROP									
INSR LTR		TYPE OF INSURANCE	ADDL INSD		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
Α	1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000	
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000	
								MED EXP (Any one person)	\$ Excluded	
								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			SI8GL01851-211	9/1/2021	9/1/2022	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			SI8EX01724-211	9/1/2021	9/1/2022	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	datory in NH)	III.					E.L. DISEASE - EA EMPLOYEE	\$	
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
В	Part	icipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000	·	

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 & Michigan Youth Soccer League 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
Michigan Youth Soccer League 269 Lothrop Rd Grosse Pointe Farms MI 48236	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) 9/9/2021

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

		BROGATION IS WAIVED, subject ertificate does not confer rights t							require an endorsement	. Ast	atement on
		ER USI Insurance Services N		, 0010	inoute notaer in nea or or	CONTA		,, <u>,</u>			
		601 Union Street, Suite 10				PHONE COC 444 COCC FAX					
		Seattle, WA 98101				(A/C, No, Ext): 206-441-6300 (A/C, No): E-MAIL ADDRESS:					
						ADDRE		NUDER(O) AFFOR	DINO COVEDAGE		NAIO #
						` '					NAIC # 10120
INSU	RFD										
M	lichi	igan State Youth Soccer Asso	ociat	tion				surance Corp	oration		39217
94	401	General Drive, Suite 120				INSURE					
	ıymı	outh MI 48170				INSURE					
						INSURE					
CO	/FR	RAGES CER	TIFIC	CATE	NUMBER: 63796467	INSURE	KF:		REVISION NUMBER:		
		IS TO CERTIFY THAT THE POLICIES				/E BEE	N ISSUED TO			HE POL	ICY PERIOD
IN	DIC	ATED. NOTWITHSTANDING ANY RE	QUIF	REME	NT, TERM OR CONDITION	OF AN'	Y CONTRACT	OR OTHER I	DOCUMENT WITH RESPEC	CT TO	WHICH THIS
		IFICATE MAY BE ISSUED OR MAY USIONS AND CONDITIONS OF SUCH) ALL	HE TERMS,
INSR		TYPE OF INSURANCE	ADDL	SUBR		DELITI	POLICY EFF	POLICY EXP	LIMIT		
LTR A	_	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER SI8GL01851-211		9/1/2021	(MM/DD/YYYY) 9/1/2022			20.000
<i>``</i> `	-				5.50201001211		JUL 1	3, 1, 2, 2, 2	DAMAGE TO RENTED	. ,	00,000
		CLAIMS-MADE ✓ OCCUR							PREMISES (Ea occurrence)	\$\$300	,
									MED EXP (Any one person) PERSONAL & ADV INJURY	\$ Exclu	1aea 10,000
		J N'L AGGREGATE LIMIT APPLIES PER:									00,000
	GEI	PRO-							GENERAL AGGREGATE		
		POLICY JECT LOC							PRODUCTS - COMP/OP AGG	\$\$1,00 \$\$1,00	· ·
Α	AU1	OTHER: TOMOBILE LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	Participant Legal Liabi	\$\$1.00	
' '		ANY AUTO					•		(Ea accident) BODILY INJURY (Per person)	\$	00,000
		OWNED SCHEDULED							BODILY INJURY (Per accident)	\$	
	-	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE	\$	
	–	AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
		UMBRELLA LIAB ✓ OCCUR			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURRENCE	s \$5.00	00,000
	/	EXCESS LIAB CLAIMS-MADE							AGGREGATE	. ,	00,000
		DED RETENTION \$							AGGILGATE	\$	00,000
		RKERS COMPENSATION							PER OTH- STATUTE ER	Ψ	
		D EMPLOYERS' LIABILITY 'PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$	
	OFF	ICER/MEMBEREXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE		
	If ve	s, describe under SCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT		
В	_	ticipant Accident Medical			UBH000005		9/1/2021	9/1/2022	\$100,000	Ψ	
DES	CRIPT	TION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORE	101, Additional Remarks Schedu	e, may be	attached if mor	re space is requir	ed)		
		are and the first and a second of the first of the first		0	V- 11- 0 A'-1'	0 1 1 1 - 1 - 1					
		ertificate is issued on behalf of Mich cate holder is Additional Insured as r									
of t	he s	state association. Waiver of Subroga	ation	appli	es when required by writter	n contra	ict.				
CE	RTIF	FICATE HOLDER				CANC	ELLATION				
											
N	idla	and Public Schools							ESCRIBED POLICIES BE CA		
l 60	OO E	E. Carpenter St.							EREOF, NOTICE WILL E Y PROVISIONS.	se DEI	IVEKED IN
ΙŃ	Midland MI 48640					ACCORDANCE WITH THE POLICY PROVISIONS.					

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Gary D. Putterson

AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY)

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this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).								
PRODUCER USI Insurance Services NW	CONTACT NAME:							
601 Union Street, Suite 1000	PHONE (A/C, No, Ext): 206-441-6300 FAX (A/C, No):							
Seattle, WA 98101	E-MAIL ADDRESS:							
	INSURER(S) AFFORDING COVERAGE	NAIC#						
	INSURER A: Everest National Insurance Company	10120						
INSURED	INSURER B: QBE Insurance Corporation 39217							
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:							
Plymouth MI 48170	INSURER D:							
•	INSURER E :							
	INSURER F:							
COVERAGES CERTIFICATE NUMBER: 63796468	REVISION NUMBER:							
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA								
	OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO	-						
CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORD	ED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL T	HE LERMS,						

EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. POLICY EFF POLICY EXP (MM/DD/YYYY) INSR LTR ADDL SUBR TYPE OF INSURANCE POLICY NUMBER INSD WVD **COMMERCIAL GENERAL LIABILITY** Α SI8GL01851-211 9/1/2021 9/1/2022 EACH OCCURRENCE DAMAGE TO RENTED \$\$1,000,000 CLAIMS-MADE ✓ OCCUR \$\$300,000 PREMISES (Ea occurrence) MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$\$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$\$5,000,000 PRO-JECT POLICY LOC PRODUCTS - COMP/OP AGG \$\$1,000,000 \$\$1,000,000 OTHER: Participant Legal Liabi COMBINED SINGLE LIMIT (Ea accident) Α **AUTOMOBILE LIABILITY** SI8GL01851-211 9/1/2021 9/1/2022 \$\$1,000,000 ANY AUTO BODILY INJURY (Per person) SCHEDULED AUTOS NON-OWNED OWNED AUTOS ONLY HIRED BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTOS ONLY **AUTOS ONLY** UMBRELLA LIAB SI8EX01724-211 9/1/2021 9/1/2022 / OCCUR EACH OCCURRENCE \$\$5,000,000 **EXCESS LIAB CLAIMS-MADE AGGREGATE** \$\$5,000,000 DED RETENTION \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? 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 UBH000005 9/1/2021 Participant Accident Medical 9/1/2022 \$100,000

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

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CERTIFICATE HOLDER	CANCELLATION
MIDVALE LEARNING CENTER 2121 MIDVALE STREET BIRMINGHAM MI 48009	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



DATE (MM/DD/YYYY)

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lf	IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) 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).										
PROI	DUCE	ER USI Insurance Services N	W			CONTAC NAME:	ст	,			
	601 Union Street, Suite 1000					PHONE	Evt).	206-441-6300	FAX (A/C, No):		
		Seattle, WA 98101				(A/C, No E-MAIL ADDRES		200 441 0000	(A/C, NO).		
							INS	SURER(S) AFFOR	RDING COVERAGE		NAIC#
						INSURE	RA: Everest	National Insu	rance Company		10120
INSU						INSURE	RB: QBE Ins	surance Corp	oration		39217
M	ICN	igan State Youth Soccer Ass General Drive, Suite 120	ociai	ion		INSURE	RC:				
Ϊ́РΙ	vm	outh MI 48170				INSURE	RD:				
	•					INSURE	RE:				
						INSURE	RF:				
CO	/EF	RAGES CER	TIFIC	CATE	NUMBER: 63796469				REVISION NUMBER:		
IN CE EX	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			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,00	00,000
		CLAIMS-MADE ✓ OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300	,000
									MED EXP (Any one person)	\$ Exclu	ded
									PERSONAL & ADV INJURY	\$\$1,00	00,000
	GEI	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$\$5,00	00,000
		POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$\$1,00	00,000
		OTHER:							Participant Legal Liabi	\$\$1,00	00,000
Α	AU ⁻	TOMOBILE LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,00	00,000
		ANY AUTO							BODILY INJURY (Per person)	\$	
		OWNED AUTOS ONLY HIRED SCHEDULED AUTOS NON-OWNED							BODILY INJURY (Per accident)	\$	
	/	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
										\$	
		UMBRELLA LIAB ✓ OCCUR			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,00	00,000
	/	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$\$5,00	00,000
		DED RETENTION \$								\$	
		RKERS COMPENSATION EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBEREXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	(Mai	ndatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$	
	If ye	s, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
В	Par	ticipant Accident Medical			UBH000005		9/1/2021	9/1/2022	\$100,000		

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

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CERTIFICATE HOLDER	CANCELLATION
Mohawk Elementary 48101 Romeo Plank Rd Macomb MI 48044	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
	dary ratiosoff



DATE (MM/DD/YYYY) 9/9/2021

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PROI	DUCER USI Insurance Services N	IW			CONTA NAME:	СТ				
601 Union Street, Suite 1000					PHONE (A/C, No		206-441-6300	FAX (A/C, No):	
Seattle, WA 98101						SS:				
						INS	SURER(S) AFFOR	RDING COVERAGE		NAIC#
					INSURE	RA: Everest	National Insu	rance Company		10120
INSU		•			INSURE	RВ: QBE Ins	surance Corp	oration		39217
IVI Q∠	ichigan State Youth Soccer Ass 101 General Drive, Suite 120	socia	lion		INSURER C:					
	ymouth MI 48170				INSURER D:					
	•				INSURER E:					
					INSURER F:					
CO	/ERAGES CE	RTIFIC	CATE	NUMBER: 63796470				REVISION NUMBER:		
	IIS IS TO CERTIFY THAT THE POLICIE DICATED. NOTWITHSTANDING ANY F									
_	ERTIFICATE MAY BE ISSUED OR MAY		,						TO ALL	THE TERMS,
	CLUSIONS AND CONDITIONS OF SUCH		SIES. ISUBR		BEEN F	POLICY EFF	PAID CLAIMS.			
INSR LTR	TYPE OF INSURANCE		WVD				(MM/DD/YYYY)	LIN	ITS	
Α	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,0	00,000
		1	1			1	I	DAMAGE TO RENTED	1	

LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS		
Α	1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE DAMAGE TO RENTED	\$\$1,000,000	
1		CLAIMS-MADE ✓ OCCUR						PREMISES (Ea occurrence)	\$\$300,000	
								MED EXP (Any one person)	\$ Excluded	
								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			SI8GL01851-211	9/1/2021	9/1/2022	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			SI8EX01724-211	9/1/2021	9/1/2022	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 7/N	N/A					E.L. EACH ACCIDENT	\$	
	(Mar	ICER/MEMBEREXCLUDED?	117.74					E.L. DISEASE - EA EMPLOYEE	\$	
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
В	Par	ticipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000		

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CERTIFICATE HOLDER	CANCELLATION
Montessori School Rochester 3976 South Livernois Rochester Hills MI 48307	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 ###################################
·	O 1000 0015 10000 000000 171011 111 1 11



DATE (MM/DD/YYYY) 9/9/2021

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

	SUBROGATION IS WAIVED, subject is certificate does not confer rights t				the policy, certain policies may require an endorsement. A statement on such endorsement(s).					
PRODUCER USI Insurance Services NW						СТ	,-			
	601 Union Street, Suite 10				NAME: PHONE (A/C, No, Ext): 206-441-6300 (A/C, No):					
	Seattle, WA 98101				(A/C, No, Ext): 206-441-6300 (A/C, No): E-MAIL ADDRESS:					
					ADDRE			NO. 100 / FD 105		
							. ,	DING COVERAGE		NAIC#
INSU	DED.							rance Company		10120
	ichigan State Youth Soccer Ass	ocia	tion		INSURE	RB: QBE Ins	surance Corp	oration		39217
94	101 General Drive, Suite 120	0 0.0.			INSURE	RC:				
P	ymouth MI 48170				INSURE	RD:				
					INSURE	RE:				
					INSURE	RF:				
				NUMBER: 63796471				REVISION NUMBER:		
IN CI EX	IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY (CLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT POLI	REME AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF ANY	CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPECT TO	TO V	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3	
Α	✓ COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE DAMAGE TO RENTED	\$\$1,00	,
	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)	\$\$300	
								MED EXP (Any one person)	\$ Exclu	
								PERSONAL & ADV INJURY	\$\$1,00 \$\$5.00	
	POLICY PRO- JECT LOC							GENERAL AGGREGATE		·
								PRODUCTS - COMP/OP AGG	\$\$1,00	
A	OTHER: AUTOMOBILE LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	Participant Legal Liabi COMBINED SINGLE LIMIT	\$\$1,00	
^	ANY AUTO			310GL01031-211		3/1/2021	9/1/2022	(Ea accident) BODILY INJURY (Per person)	\$\$1,00 \$	00,000
	OWNED SCHEDULED							BODILY INJURY (Per accident)	\$	
	AUTOS ONLY AUTOS							PROPERTY DAMAGE	-	
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
	IMPRELLA LIAR			CIOEV01704 011		0/1/0001	0/4/0000		\$	
	UMBRELLA LIAB ✓ OCCUR			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,00	,
	CLAIMS-MADE							AGGREGATE	\$\$5,00	00,000
	DED RETENTION \$ WORKERS COMPENSATION							DED OTH	\$	
	AND EMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER		
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$	
<u> </u>	DÉSCRIPTION OF OPERATIONS below			LIBUIDADA		2///222/	21112222	E.L. DISEASE - POLICY LIMIT	\$	
В	Participant Accident Medical			UBH000005		9/1/2021	9/1/2022	\$100,000		
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORE	101, Additional Remarks Schedu	le, may be	attached if more	e space is require	ed)		
l _{Thi}	s certificate is issued on behalf of Mich	iaan	State	Youth Soccer Association	& Michi	gan Youth So	ccer League			
Ce	rtificate holder is Additional Insured as i	espe	cts th	e operations of the Named	Insure	d for sanction	ed activities			
OTI	he state association. Waiver of Subrog	ation	appii	es wnen required by writter	i contra	CT.				
<u> </u>										
CEI	RTIFICATE HOLDER				CANC	ELLATION				
					SHO	ULD ANY OF	THE ABOVE D	ESCRIBED POLICIES BE CA	NCELI	ED BEFORE
M	orse Elementary School				THE	EXPIRATION	N DATE THE	REOF, NOTICE WILL B		
4. Tr	75 Cherry ov MI 48083		ACCORDANCE WITH THE POLICY PROVISIONS.							

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Gary D. Putterson

AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY) 9/9/2021

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 this certificate does not confer rights to the certificate.	•	•	•	require an endo	orsement. A	statement on
PRODUCER USI Insurance Services NW	CONTAC NAME:).			
601 Union Street, Suite 1000	PHONE (A/C. No		206-441-6300	1	FAX (A/C, No):	
Seattle, WA 98101	E-MAIL ADDRES					
		INS	URER(S) AFFOR	DING COVERAGE		NAIC#
	INSURE	RA: Everest	National Insu	rance Company		10120
INSURED	INSURE	кв: QBE Ins	surance Corp	oration		39217
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURE	INSURER C:				
Plymouth MI 48170	INSURE	RD:				
	INSURE	RE:				
	INSUREI	RF:				
COVERAGES CERTIFICATE N	JMBER: 63796472			REVISION NUM	MBER:	
THIS IS TO CERTIFY THAT THE POLICIES OF INSURAN						
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE						
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIM					20200 7	,
INSR LTR TYPE OF INSURANCE ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	
A COMMERCIAL GENERAL LIABILITY SI8	GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE		1,000,000
CLAIMS-MADE ✓ OCCUR				DAMAGE TO RENT PREMISES (Ea occi	ED urrence) \$\$0	300,000

LIN		= 0	III	44 A D	I OLIOT NOMBER				
Α	1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
								MED EXP (Any one person)	\$ Excluded
								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			SI8GL01851-211	9/1/2021	9/1/2022	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			SI8EX01724-211	9/1/2021	9/1/2022	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)						E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Par	ticipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000	

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 & Michigan Youth Soccer League 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
MT. CLEMENS HIGH 155 CASS AVE MT. CLEMENS MI 48043	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
	dary ratterson



DATE (MM/DD/YYYY) 9/9/2021

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

						rms and conditions of th ificate holder in lieu of si				require an endorsement	. A st	atement on
-		ER USI Insurance			, cert	moate noider in lieu of St	CONTA		<u>,. </u>			
		601 Union St	reet Suite 10	v v IOO			NAME: PHONE (A/C, No		200 444 0000	FAX		
		Seattle, WA 9	8101	.00			E-MAIL	o, Ext): 2	206-441-6300) (A/C, No):		
		,					E-MAIL ADDRE					
								INS	URER(S) AFFOR	RDING COVERAGE		NAIC#
										irance Company		10120
	JRED Iiobi	gan State Youth	Socor Acc	ooio.	tion		INSURER B: QBE Insurance Corporation 39217					
	401	General Drive,	Suite 120	Jula	liOH		INSURE	RC:				
ΙĚ	lym	outh MI 48170					INSURE	RD:				
	-						INSURE	RE:				
							INSURE	RF:				
CO	VER	AGES	CER	TIFIC	CATE	NUMBER: 63796473				REVISION NUMBER:		
IN C E	IDICA ERTI XCLU	ATED. NOTWITHST. FICATE MAY BE IS:	ANDING ANY RE SUED OR MAY I	QUIF PERT POLI	REME TAIN, CIES.	RANCE LISTED BELOW HA' NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIE: REDUCED BY I	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPECT TO	CT TO V	WHICH THIS
INSR LTR		TYPE OF INSUR	RANCE	INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
Α	<	COMMERCIAL GENERA	AL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,00	00,000
		CLAIMS-MADE	✓ OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300	,000
										MED EXP (Any one person)	\$ Exclu	ıded
										PERSONAL & ADV INJURY	\$\$1,00	00,000
	GEN	N'L AGGREGATE LIMIT A	.PPLIES PER:							GENERAL AGGREGATE	\$\$5,00	
		POLICY PRO- JECT	LOC							PRODUCTS - COMP/OP AGG	\$\$1,00	00.000
		OTHER:								Participant Legal Liabi	\$\$1.00	
Α	AUT	OMOBILE LIABILITY				SI8GL01851-211		9/1/2021	9/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,00	
		ANY AUTO								BODILY INJURY (Per person)	\$	50,000
		OWNED	SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
		AUTOS ONLY HIRED AUTOS ONLY	NON-OWNED							PROPERTY DAMAGE	\$	
		AUTOS ONLY	AUTOS ONLY							(Per accident)	\$	
		UMBRELLA LIAB	✓ OCCUR			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,00	00.000
	/	EXCESS LIAB	CLAIMS-MADE							AGGREGATE	\$\$5,00	
										AGGREGATE	\$ \$5,00 \$	00,000
	WOF	DED RETENTION								PER OTH- STATUTE ER	φ	
		EMPLOYERS' LIABILITY PROPRIETOR/PARTNER/								<u> </u>		
	OFFI	CER/MEMBER EXCLUDE		N/A						E.L. EACH ACCIDENT	\$	
	If yes	ndatory in NH) s, describe under								E.L. DISEASE - EA EMPLOYEE		
В		CRIPTION OF OPERATION OF COMMENT				UBH000005		9/1/2021	9/1/2022	E.L. DISEASE - POLICY LIMIT \$100,000	\$	
	l all	noipant Accident We	Juicai			OBI 1000003		3/1/2021	0/1/2022	ψ100,000		
DES	CRIPT	ION OF OPERATIONS / L	LOCATIONS / VEHICI	LES (A	ACORD	101, Additional Remarks Schedu	le, may b	e attached if more	e space is requir	ed)		
Ce	ertific	ate holder is Addition	onal Insured as r	espe	cts th	Youth Soccer Association e operations of the Named es when required by written	Insure	d for sanction				
	DTIF	ICATE UOI DED					CANC	ELLATION				
CE	KIIF	ICATE HOLDER					CANC	ELLATION				
№ 5 F	lunc 431 lint	dy Sportsplex Hill 23 Drive MI 48507					THE	EXPIRATION	I DATE THI	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E BY PROVISIONS.		
1							AUTHO	RIZED REPRESE	NTATIVE			

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Gary D. Putterson



DATE (MM/DD/YYYY) 9/9/2021

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

	SUBROGATION IS WAIVED, subject is certificate does not confer rights t							equire an endorsement	. A st	atement on
	DUCER USI Insurance Services N		. 5511		CONTAC					
	601 Union Street, Suite 10				NAME: PHONE		06 444 6000	FAX		
	Seattle, WA 98101				(A/C, No E-MAIL	,	06-441-6300	(A/C, No):		
					ADDRES					
								DING COVERAGE		NAIC#
INICI	RED							rance Company		10120
N	lichigan State Youth Soccer Ass	ocia	tion			<mark>кв: QBE Ins</mark>	urance Corpo	oration		39217
9.	401 General Drive, Suite 120 lymouth MI 48170				INSURE					
Г	iyinodin wii 48170				INSURE					
					INSURE					
CO	VERAGES CER	TIFIC	CATE	NUMBER: 63796474	INCORE			REVISION NUMBER:		
IN C E	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY REFITIED OR MAY BE ISSUED OR MAY KELUSIONS AND CONDITIONS OF SUCH	OF I EQUIF PERT POLI	INSUF REMEI AIN, CIES.	RANCE LISTED BELOW HAV NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF ANY	CONTRACT THE POLICIES EDUCED BY F	OR OTHER DESCRIBED PAID CLAIMS.	OCUMENT WITH RESPEC	CT TO V	WHICH THIS
INSR LTR	TYPE OF INSURANCE		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
Α	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE DAMAGE TO RENTED	\$\$1,00	00,000
	CLAIMS-MADE ✓ OCCUR							PREMISES (Ea occurrence)	\$\$300	,
								MED EXP (Any one person)	\$ Exclu	
								PERSONAL & ADV INJURY	\$\$1,00	,
	POLICY PROJECT LOC							GENERAL AGGREGATE	\$\$5,00	,
								PRODUCTS - COMP/OP AGG	\$\$1,00	
Α	OTHER: AUTOMOBILE LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	Participant Legal Liabi COMBINED SINGLE LIMIT	\$1,00 \$1,00	
,,	ANY AUTO			0.000.001.211		0/1/2021	0/1/2022	(Ea accident) BODILY INJURY (Per person)	\$ \$1,00	00,000
	OWNED SCHEDULED							BODILY INJURY (Per accident)	\$	
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE	\$	
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
	UMBRELLA LIAB ✓ OCCUR			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,00	00 000
	✓ EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$\$5.00	
	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)	N/A						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
В	Participant Accident Medical			UBH000005		9/1/2021	9/1/2022	\$100,000		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORD	101, Additional Remarks Schedu	le, may be	attached if more	space is require	ed)		
Ce	is certificate is issued on behalf of Mich rtificate holder is Additional Insured as r the state association. Waiver of Subrog	espe	cts th	e operations of the Named	Insure	d for sanction				
CE	RTIFICATE HOLDER				CANC	ELLATION				
M 2	IUNSON PARK 770 N CUSTER RD IONROE MI 48162				SHO THE ACC	ULD ANY OF T	DATE THE	ESCRIBED POLICIES BE CAREOF, NOTICE WILL E Y PROVISIONS.		
					· AUTHO	いっとい ベイドベトジトバ	HAIIVE			

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Gary D. Putterson



DATE (MM/DD/YYYY) 9/9/2021

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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 lieu of s	uch endorsemer	it(s).		
PRODUCER USI Insurance Services NW		CONTACT NAME:			
601 Union Street, Suite 1000		PHONE (A/C, No. Ext):	206-441-6300	FAX (A/C, No):	
Seattle, WA 98101		E-MAIL ADDRESS:			
			INSURER(S) AFFORDING COVERA	GE	NAIC#
		INSURER A: Ever	est National Insurance Comp	any	10120
INSURED		INSURER B: QBE	Insurance Corporation		39217
Michigan State Youth Soccer Associat 9401 General Drive, Suite 120	ion	INSURER C :	·		
Plymouth MI 48170		INSURER D :			
•		INSURER E :			
		INSURER F:			
COVERAGES CERTIFIC	ATE NUMBER: 63796475		REVISION	NUMBER:	
THIS IS TO CERTIFY THAT THE POLICIES OF II INDICATED. NOTWITHSTANDING ANY REQUIR					
CERTIFICATE MAY BE ISSUED OR MAY PERTA	,			SUBJECT TO ALL	THE TERMS,
EXCLUSIONS AND CONDITIONS OF SUCH POLICE	CIES. LIMITS SHOWN MAY HAVE	BEEN REDUCED	BY PAID CLAIMS.		

INSR		TYPE OF INSURANCE		SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
Α	1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
								MED EXP (Any one person)	\$ Excluded
								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			SI8GL01851-211	9/1/2021	9/1/2022	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			SI8EX01724-211	9/1/2021	9/1/2022	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)						E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Par	ticipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000	

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 & Michigan Youth Soccer League 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 ###################################
NEW HAVE SCHOOL DISTRIC 57700 GRATIOT AVE NEW HAVEN MI 48048	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)

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such endorsement(s).						
CONTACT NAME:						
PHONE (A/C, No, Ext): 206-441-6300 FAX (A/C, No):						
E-MAIL ADDRESS:						
INSURER(S) AFFORDING COVERAGE	NAIC#					
INSURER A: Everest National Insurance Company	10120					
INSURER B: QBE Insurance Corporation 39217						
INSURER C:						
INSURER D:						
INSURER E :						
INSURER F:						
REVISION NUMBER:						
	-					
TOF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO V DED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL T						
	NAME: PHONE (A/C, No, Ext): 206-441-6300 FAX (A/C, No): E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: Everest National Insurance Company INSURER B: QBE Insurance Corporation INSURER C: INSURER C: INSURER C: INSURER F: REVISION NUMBER: AVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO V					

EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. POLICY EFF POLICY EXP (MM/DD/YYYY) ADDL SUBR TYPE OF INSURANCE POLICY NUMBER LIMITS LTR INSD WVD **COMMERCIAL GENERAL LIABILITY** Α SI8GL01851-211 9/1/2021 9/1/2022 EACH OCCURRENCE DAMAGE TO RENTED \$\$1,000,000 CLAIMS-MADE ✓ OCCUR \$\$300,000 PREMISES (Ea occurrence) MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$\$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$\$5,000,000 PRO-JECT POLICY LOC PRODUCTS - COMP/OP AGG \$\$1,000,000 \$\$1,000,000 OTHER: Participant Legal Liabi COMBINED SINGLE LIMIT (Ea accident) Α **AUTOMOBILE LIABILITY** SI8GL01851-211 9/1/2021 9/1/2022 \$\$1,000,000 ANY AUTO BODILY INJURY (Per person) SCHEDULED AUTOS NON-OWNED OWNED AUTOS ONLY HIRED BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTOS ONLY **AUTOS ONLY** UMBRELLA LIAB SI8EX01724-211 9/1/2021 9/1/2022 / OCCUR EACH OCCURRENCE \$\$5,000,000 **EXCESS LIAB CLAIMS-MADE AGGREGATE** \$\$5,000,000 DED RETENTION \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? 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 UBH000005 9/1/2021 9/1/2022 Participant Accident Medical \$100,000

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 & Michigan Youth Soccer League 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
NEW LIFE CHRISTIAN ACADEMY 5515 GRISWOLD RD SMITH CREEK MI 48074	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 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 lieu of s	uch endorsement(s).	
PRODUCER USI Insurance Services NW	CONTACT NAME:	
601 Union Street, Suite 1000	PHONE (A/C, No, Ext): 206-441-6300 FAX (A/C, No):	
Seattle, WA 98101	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC#
	INSURER A: Everest National Insurance Company	10120
INSURED	INSURER B: QBE Insurance Corporation	39217
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:	
Plymouth MI 48170	INSURER D:	
	INSURER E :	
	INSURER F:	
COVERAGES CERTIFICATE NUMBER: 63796477	REVISION NUMBER:	
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA	VE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POL	ICY PERIOD
I INDICATED NOTWITHSTANDING ANY REQUIREMENT TERM OR CONDITION	OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO	WHICH THIS

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 COMMERCIAL GENERAL LIABILITY	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
COMMERCIAL GENERAL LIABILITY			((INTINUE DITTILITY		
OGINIMEROIAE GENERAE EIABIETT		SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
CLAIMS-MADE ✓ OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
					MED EXP (Any one person)	\$ Excluded
					PERSONAL & ADV INJURY	\$\$1,000,000
EN'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
UTOMOBILE LIABILITY		SI8GL01851-211	9/1/2021	9/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
ANY AUTO					BODILY INJURY (Per person)	\$
					BODILY INJURY (Per accident)	\$
HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
						\$
UMBRELLA LIAB ✓ OCCUR		SI8EX01724-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,000,000
CLAIMS-MADE					AGGREGATE	\$\$5,000,000
DED RETENTION \$						\$
ORKERS COMPENSATION ND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
NYPROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT	\$
landatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$
yes, describe under ESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
articipant Accident Medical		UBH000005	9/1/2021	9/1/2022	\$100,000	
CN	POLICY PROJECT LOC OTHER: ITOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY UMBRELLA LIAB EXCESS LIAB DED RETENTION \$ OCCUR CLAIMS-MADE DED RETENTION \$ OKERS COMPENSATION D EMPLOYERS LIABILITY VY/N VPROPRIETOR/PARTNER/EXECUTIVE FICER/MEMBEREXCLUDED? INDICATOR OF OPERATIONS below	POLICY PRODECT LOC OTHER: ITOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY HIRED AUTOS ONLY UMBRELLA LIAB EXCESS LIAB DED RETENTION \$ OKERS COMPENSATION D EMPLOYERS' LIABILITY V/N VPROPRIETOR/PARTNER/EXECUTIVE FICER/MEMBEREXCLUDED? INDIADATON N/A es, describe under SCRIPTION OF OPERATIONS below	POLICY PROJECT LOC OTHER: ITOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY UMBRELLA LIAB CLAIMS-MADE DED RETENTION \$ OKKERS COMPENSATION D EMPLOYERS LIABILITY PYPROPRIETOR/PARTNER/EXECUTIVE FICER/MEMBEREXCLUDED? INDIANO OF OPERATIONS below SIRVERS COMPENSATION OF OPERATIONS below	POLICY JECT LOC OTHER: STOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY HIRED AUTOS ONLY CLAIMS-MADE DED RETENTION \$ RETENTION \$	POLICY JECT LOC OTHER: STOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ ORKERS COMPENSATION DEMPLOYERS' LIABILITY YPROPRIETOR/PARTNER/EXECUTIVE FICER/MEMBER EXCLUDED? SINGRANG CRIPTION S below N / A PROBLEM 10 PRODUCT OF OPERATIONS below SISSEX01724-211 SISSEX01724-211 9/1/2021 9/1/2022	PERSONAL & ADV INJURY GENERAL AGGREGATE POLICY PRODUCTS - COMP/OP AGG OTHER: OTHER: ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY BODILY INJURY (Per person) BODILY INJURY (Per pe

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 & Michigan Youth Soccer League 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
NEW LIFE CHRISTIAN ACADEMY 5515 GRISWOLD ROAD KIMBALL MI 48074	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 HANGE SOLUTION AND AUTHORIZED REPRESENTATIVE AND AUTHORIZED REPRESENTATIVE
	Gary Patterson



DATE (MM/DD/YYYY) 9/9/2021

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PRODUCER USI Insurance Services NW					CONTACT								
		601 Union St	treet Suite 10	000			NAME: PHONE FAX						
601 Union Street, Suite 1000 Seattle, WA 98101						PHONE (A/C, No, Ext): 206-441-6300 FAX (A/C, No): E-MAIL ADDRESS:							
							ADDRE						
							INSURER(S) AFFORDING COVERAGE NAIC #						
							INSURER A: Everest National Insurance Company 1012						
	RED lichi	igan State Youtl	h Soccar Ass	ocial	lion		INSURER B: QBE Insurance Corporation 39217						
Ιÿ	401	General Drive,	Suite 120	ociai			INSURER C:						
P	lym	outh MI 48170					INSURER D:						
							INSURE						
							INSURER F:						
co	VER	AGES	CER	TIFIC	CATE	NUMBER: 63796478				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												
						THE INSURANCE AFFORD							
						LIMITS SHOWN MAY HAVE					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	THE PERMIC,	
INSR LTR		TYPE OF INSU	RANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
A	1	COMMERCIAL GENER	RAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE		00,000	
	Ť	CLAIMS-MADE	✓ OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300		
		OE/ IIIVIO-IVIADE	- 000010									,	
										PERSONAL & ADV INJURY	\$ Excluded \$\$1,000,000		
	05		ADDUIEO DED:							GENERAL AGGREGATE	\$\$1,000,000		
GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC										T			
		<u> </u>	LOC							PRODUCTS - COMP/OP AGG			
A	A117	OTHER: OMOBILE LIABILITY				SI8GL01851-211		9/1/2021	9/1/2022	Participant Legal Liabi COMBINED SINGLE LIMIT		00,000	
^	AU	ANY AUTO				310GE01031-211		9/1/2021	3/1/2022	(Ea accident)	\$\$1,000,000 person) \$		
	OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY						BODILY INJURY (Per person)	·					
									BODILY INJURY (Per accident) PROPERTY DAMAGE	, , ,			
								(Per accident)					
											\$		
	UMBRELLA LIAB / OCCUR		✓ OCCUR			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,00	00,000	
	1	EXCESS LIAB	CLAIMS-MADE							AGGREGATE	\$\$5,00	00,000	
		DED RETENTION								DED CTU	\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY									PER OTH- STATUTE ER				
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED?		EXECUTIVE TIN	N/A	N/A					E.L. EACH ACCIDENT	\$		
	(Mar	ndatory in NH)	_D:							E.L. DISEASE - EA EMPLOYEE \$			
	DES	s, describe under CRIPTION OF OPERATI	ONS below							E.L. DISEASE - POLICY LIMIT	\$		
В	Par	ticipant Accident M	edical			UBH000005		9/1/2021	9/1/2022	\$100,000			
DES	CRIPT	ION OF OPERATIONS /	LOCATIONS / VEHIC	LES (A	CORE	101, Additional Remarks Schedu	le, may b	e attached if mo	re space is requi	ed)			
	io 00	rtificato io ioquad o	n bobolf of Mich	iaan	Ctoto	Vouth Conner Association	0 Mich	iaan Vauth Ca	annar I angua				
This certificate is issued on behalf of Michigan State Youth Soccer Association & Michigan Youth Soccer League Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities													
of	the s	tate association. V	Vaiver of Subroga	ation	appli	es when required by writter	n contra	act.					
╚	DTIE	ICATE HOLDER					CANG	CELLATION					
OEKTHIOATE HOLDER G							CAN	JEELA HON					
.							SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE						
N	New Life Christian Academy 5517 Griswold Road						THE	EXPIRATIO	N DATE TH	EREOF, NOTICE WILL E			
l K	Kimball MI 48024					ACC	OKDANCE W	IIH IHE POLIC	CY PROVISIONS.				

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Gary D. Patterson

AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY) 9/9/2021

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						rms and conditions of th ificate holder in lieu of su				require an endorsement	. A sta	atement on		
PRODUCER USI Insurance Services NW						CONTACT NAME:								
									000 444 0000	FAX				
601 Union Street, Suite 1000 Seattle, WA 98101						PHONE (A/C, No, Ext): 206-441-6300 FAX (A/C, No): E-MAIL ADDRESS:								
		•					ADDRES							
							INSURER(S) AFFORDING COVERAGE							
							INSURER A: Everest National Insurance Company 101							
	JRED .	0					INSURER B: QBE Insurance Corporation 39217							
l N	lichi	gan State Youth	Soccer Asso	ocia	tion		INSURE							
9	40 I	General Drive,	Suite 120				INSURE							
Plymouth MI 48170								INSURER E :						
\subseteq	VED	AGES	CEB	TIEI	^ A T E	NUMBER: 00700470	INSURER F :							
						NUMBER: 63796479	/C DEE	N ICCUED TO		REVISION NUMBER:	IE DOL	ICV DEDIOD		
IN C E	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 INSUR	ANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY) LIMITS					
Α	1	COMMERCIAL GENERA				SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,00	00,000		
1		CLAIMS-MADE	✓ OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300	-,		
										MED EXP (Any one person)	\$ Exclu			
										PERSONAL & ADV INJURY	\$\$1,00			
			DDI IEO DED:								\$\$5.00			
	GEN	I'L AGGREGATE LIMIT AF								GENERAL AGGREGATE		·		
	POLICY PRO- JECT LOC									PRODUCTS - COMP/OP AGG	-			
<u> </u>		OTHER:				01001 04054 044		0///000/	0/4/0000	Participant Legal Liabi COMBINED SINGLE LIMIT	\$\$1,00			
A	A AUTOMOBILE LIABILITY					SI8GL01851-211	9/1/20	9/1/2021	9/1/2022	(Ea accident)	\$\$1,00	00,000		
	ANY AUTO									BODILY INJURY (Per person)				
	OWNED SCHEDULED AUTOS ONLY								BODILY INJURY (Per accident)	t) \$				
	HIRED AUTOS ONLY V AUTOS ONLY		NON-OWNED							PROPERTY DAMAGE (Per accident)	\$			
											\$			
		UMBRELLA LIAB	✓ OCCUR	SI8EX01724-211			9/1/2	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,000,000			
	1	EXCESS LIAB	CLAIMS-MADE							AGGREGATE	\$\$5.00			
		DED DETENTION								AGGICEGATE	\$	00,000		
	WOF	DED RETENTION	N \$							PER OTH- STATUTE ER	Ф			
	AND	EMPLOYERS' LIABILITY	1 / N											
	OFFI	PROPRIETOR/PARTNER/E CER/MEMBEREXCLUDED	EXECUTIVE 7	N/A						E.L. EACH ACCIDENT	\$			
		idatory in NH) s, describe under								E.L. DISEASE - EA EMPLOYEE				
<u> </u>	DÉS	CRIPTION OF OPERATIO				LIBLIAGOS			2/1/2222	E.L. DISEASE - POLICY LIMIT	\$			
В	Pan	ticipant Accident Me	dicai			UBH000005		9/1/2021	9/1/2022	\$100,000				
DES	CRIPT	ION OF OPERATIONS / L	OCATIONS / VEHICI	ES (A	CORD	101, Additional Remarks Schedu	le, may be	attached if mor	re space is requir	ed)				
						Youth Soccer Association e operations of the Named								
of	the s	tate association. W	aiver of Subroga	ation	appli	es when required by writter	n contra	ict.	ieu activities					
1														
CE	RTIF	ICATE HOLDER					CANC	ELLATION						
1								=						
N	ew	Life Christian Fe	ellowshin							ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E				
2	2337 Reid Rd.									Y PROVISIONS.	יב טבו	TIAELED IM		

AUTHORIZED REPRESENTATIVE

Gary D. Patterson Gary Patterson

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Grand Blanc MI 48439



DATE (MM/DD/YYYY) 9/9/2021

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PRODUCER USI Insurance Services NW						CONTACT						
601 Union Street, Suite 1000					NAME: PHONE OCC 444 COOD FAX							
Seattle, WA 98101						,	06-441-6300	(A/C, No):				
					ADDRES			IDING COVERAGE				
						NAIC#						
INSU	DED				INSURER A: Everest National Insurance Company 10120							
М	ichigan State Youth Soccer Asso	ociat	tion			<mark>кв: QBE Ins</mark>	urance Corp	oration		39217		
94	401 General Drive, Suite 120 lymouth MI 48170				INSURE							
Г	ymouth wir 48170											
					INSURER E : INSURER F :							
CO	VERAGES CER	TIFIC	CATE	NUMBER: 63796480								
IN CI	IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY REERTIFICATE MAY BE ISSUED OR MAY INCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT POLI	REMEN	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF ANY	CONTRACT THE POLICIES	OR OTHER I	DOCUMENT WITH RESPEC	CT TO V	WHICH THIS		
LTR	TYPE OF INSURANCE		WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S			
Α	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE DAMAGE TO RENTED	\$\$1,00	00,000		
	CLAIMS-MADE ✓ OCCUR							PREMISES (Ea occurrence)	\$\$300	<i>'</i>		
								MED EXP (Any one person)	\$ Exclu			
								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	\$\$1,00	· ·		
Α	OTHER: AUTOMOBILE LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	Participant Legal Liabi COMBINED SINGLE LIMIT	\$\$1,00			
^	ANY AUTO			310GE01031-211		3/1/2021	3/1/2022	(Ea accident) BODILY INJURY (Per person)	\$\$1,00 \$	00,000		
	OWNED SCHEDULED							BODILY INJURY (Per accident)	\$			
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE	\$			
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$			
	UMBRELLA LIAB / OCCUP			SI8EX01724-211		9/1/2021	9/1/2022	EAGU GOOUDDENGE	-	20,000		
	✓ EXCESS LIAB ✓ OCCUR CLAIMS-MADE			OIOLXOT7LT LTT		0/1/2021	O, I, LOLL	EACH OCCURRENCE	\$\$5,00 \$\$5,00	· ·		
	CLAIWS-WADL							AGGREGATE	\$ \$3,00	00,000		
	DED RETENTION \$ WORKERS COMPENSATION							PER OTH-	J.			
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE Y / N							E.L. EACH ACCIDENT	\$			
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE				
	If yes, describe under							E.L. DISEASE - POLICY LIMIT \$				
В	DÉSCRIPTION OF OPERATIONS below Participant Accident Medical			UBH000005		9/1/2021	9/1/2022	\$100,000	ъ			
	·											
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	.ES (A	ACORD	101, Additional Remarks Schedu	e, may be	attached if more	space is require	ea)				
This certificate is issued on behalf of Michigan State Youth Soccer Association & Michigan Youth Soccer League 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 C.						CANCELLATION						
Next Level Training Center 799 Dennison Ct. Bloomfield Hills MI 48302						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							

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Gary D. Putterson



DATE (MM/DD/YYYY) 9/9/2021

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 this certificate does not confer rights to the certificate holder in lieu of s		tement on					
PRODUCER USI Insurance Services NW 601 Union Street, Suite 1000 Seattle, WA 98101	CONTACT NAME: PHONE (A/C, No, Ext): 206-441-6300 (A/C, No): E-MAIL ADDRESS:						
	INSURER(S) AFFORDING COVERAGE	NAIC#					
	INSURER A: Everest National Insurance Company	10120					
INSURED	INSURER B: QBE Insurance Corporation	39217					
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:						
Plymouth MI 48170	INSURER D :						
·	INSURER E :						
	INSURER F:						
COVERAGES CERTIFICATE NUMBER: 63796481	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 SUBR INSD WVD POLICY NUMBER	POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS						
A COMMERCIAL GENERAL LIABILITY SI8GL01851-211	9/1/2021 9/1/2022 EACH OCCURRENCE \$\$1,000	0,000					
CLAIMS-MADE / OCCUR	DAMAGE TO RENTED PREMISES (Ea occurrence) \$\$300,0	000					

LTR	LTR TYPE OF INSURANCE			WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS		
Α	1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000	
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000	
								MED EXP (Any one person)	\$ Excluded	
								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			SI8GL01851-211	9/1/2021	9/1/2022	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			SI8EX01724-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,000,000	
	✓	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$\$5,000,000	
		DED RETENTION \$							\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE Y / N	N/A					E.L. EACH ACCIDENT	\$	
	(Mar	CER/MEMBEREXCLUDED?	117.4					E.L. DISEASE - EA EMPLOYEE	\$	
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
В	Par	icipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000		

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 & Michigan Youth Soccer League 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
Niles Center 201 W. Square Lake Road Troy MI 48098	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)

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this certificate does not confer rights to the certificate holder in lie	of such endorsement(s).	
PRODUCER USI Insurance Services NW	CONTACT NAME:	
601 Union Street, Suite 1000	PHONE (A/C, No, Ext): 206-441-6300	FAX (A/C, No):
Seattle, WA 98101	E-MAIL ADDRESS:	
	INSURER(S) AFFORDII	NG COVERAGE NAIC#
	INSURER A: Everest National Insura	nce Company 10120
INSURED	INSURER B: QBE Insurance Corpora	ation 39217
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:	
Plymouth MI 48170	INSURER D :	
	INSURER E :	
	INSURER F:	
COVERAGES CERTIFICATE NUMBER: 63796	32 RI	EVISION NUMBER:
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELC		

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. POLICY EFF POLICY EXP (MM/DD/YYYY) ADDL SUBR TYPE OF INSURANCE POLICY NUMBER LTR INSD WVD **COMMERCIAL GENERAL LIABILITY** Α SI8GL01851-211 9/1/2021 9/1/2022 EACH OCCURRENCE DAMAGE TO RENTED \$\$1,000,000 CLAIMS-MADE ✓ OCCUR \$\$300,000 PREMISES (Ea occurrence)

MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$\$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$\$5,000,000 PRO-JECT POLICY LOC PRODUCTS - COMP/OP AGG \$\$1,000,000 \$\$1,000,000 OTHER: Participant Legal Liabi COMBINED SINGLE LIMIT (Ea accident) Α **AUTOMOBILE LIABILITY** SI8GL01851-211 9/1/2021 9/1/2022 \$\$1,000,000 ANY AUTO BODILY INJURY (Per person) SCHEDULED AUTOS NON-OWNED OWNED AUTOS ONLY HIRED **BODILY INJURY (Per accident)** \$ PROPERTY DAMAGE (Per accident) \$ AUTOS ONLY **AUTOS ONLY** UMBRELLA LIAB SI8EX01724-211 9/1/2021 9/1/2022 / OCCUR EACH OCCURRENCE \$\$5,000,000 **EXCESS LIAB CLAIMS-MADE AGGREGATE** \$\$5,000,000 DED RETENTION \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? 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 UBH000005 9/1/2021 Participant Accident Medical 9/1/2022 \$100,000

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

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CERTIFICATE HOLDER	CANCELLATION
NORTH BRANCH WESLEYAN CHURCH 3164 NORTH BRANCH ROAD NORTH BRANCH MI 48461	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)

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this certificate does not confer rights to the certificate holder in lieu of s	such endorsement(s).				
PRODUCER USI Insurance Services NW	CONTACT NAME:				
601 Union Street, Suite 1000	PHONE (A/C, No, Ext): 206-441-6300 FAX (A/C, No):				
Seattle, WA 98101	E-MAIL ADDRESS:				
	INSURER(S) AFFORDING COVERAGE	NAIC#			
	INSURER A: Everest National Insurance Company	10120			
INSURED A	INSURER B: QBE Insurance Corporation	39217			
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:				
Plymouth MI 48170	INSURER D:				
	INSURER E:				
	INSURER F:				
COVERAGES CERTIFICATE NUMBER: 63796483	REVISION NUMBER:				
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA	AVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POL				

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. POLICY EFF POLICY EXP (MM/DD/YYYY) ADDL SUBR TYPE OF INSURANCE POLICY NUMBER LTR INSD WVD COMMERCIAL GENERAL LIABILITY SI8GL01851-211 9/1/2021 9/1/2022 EACH OCCURRENCE DAMAGE TO RENTED \$\$1,000,000 CLAIMS-MADE ✓ OCCUR \$\$300,000 PREMISES (Ea occurrence)

Α MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$\$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$\$5,000,000 PRO-JECT LOC POLICY PRODUCTS - COMP/OP AGG \$\$1,000,000 \$\$1,000,000 OTHER: Participant Legal Liabi COMBINED SINGLE LIMIT (Ea accident) Α **AUTOMOBILE LIABILITY** SI8GL01851-211 9/1/2021 9/1/2022 \$\$1,000,000 ANY AUTO BODILY INJURY (Per person) SCHEDULED AUTOS NON-OWNED OWNED AUTOS ONLY HIRED **BODILY INJURY (Per accident)** \$ PROPERTY DAMAGE (Per accident) \$ AUTOS ONLY **AUTOS ONLY** UMBRELLA LIAB SI8EX01724-211 9/1/2021 9/1/2022 / OCCUR EACH OCCURRENCE \$\$5,000,000 **EXCESS LIAB CLAIMS-MADE AGGREGATE** \$\$5,000,000 DED RETENTION \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? E.L. EACH ACCIDENT \$ N/A E.L. DISEASE - EA EMPLOYEE (Mandatory in NH) \$ If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT Participant Accident Medical UBH000005 9/1/2021 9/1/2022 \$100,000

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

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CERTIFICATE HOLDER	CANCELLATION
North Sashabaw Elementary School 5290 Maybee Rd Independence Charter Township MI 48346	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 ###################################



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		BROGATION IS WAIVED, subject ertificate does not confer rights t							require an endorsement	. A st	atement on
_		ER USI Insurance Services N		0010	inoute notaer in nea or or	CONTA		,, <u>,</u>			
	601 Union Street, Suite 1000					NAME: PHONE		206 441 6200	FAX		
	Seattle, WA 98101						, =/-	206-441-6300) (A/C, No):		
					ADDRE		CUDED(S) AEEO	RDING COVERAGE		NAIC#	
						INCLIDE			urance Company		10120
INSL	IRED							surance Corp	• •		39217
l M	lichi	igan State Youth Soccer Asse	ociat	ion				surance corp	Oration		39217
일	401	General Drive, Suite 120				INSURE					
	ıym	outh MI 48170				INSURE					
						INSURE					
<u></u>	VFR	RAGES CER	TIFIC	: ATF	NUMBER: 63796484	INSURE	KF:		REVISION NUMBER:		
		IS TO CERTIFY THAT THE POLICIES				/E BEE	N ISSUED TO	THE INSURE		IE POL	ICY PERIOD
١N	IDICA	ATED. NOTWITHSTANDING ANY RE	QUIR	REME	NT, TERM OR CONDITION	OF AN'	Y CONTRACT	OR OTHER	DOCUMENT WITH RESPEC	TO T	WHICH THIS
		IFICATE MAY BE ISSUED OR MAY JSIONS AND CONDITIONS OF SUCH								ALL 7	THE TERMS,
INSR	_	TYPE OF INSURANCE	ADDL	SUBR		DELIVI	POLICY EFF	POLICY EXP	LIMITS	,	
LTR A	,	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER SI8GL01851-211		(MM/DD/YYYY) 9/1/2021	(MM/DD/YYYY) 9/1/2022			20,000
l '`					2.20.20.20.				DAMAGE TO RENTED	\$\$1,00	00,000
		CLAIMS-MADE OCCUR									<i>'</i>
									MED EXP (Any one person) PERSONAL & ADV INJURY	\$ Exclu	00,000
	051	J N'L AGGREGATE LIMIT APPLIES PER:									00,000
	GEN	PRO-							GENERAL AGGREGATE		
		POLICY JECT LOC								\$\$1,00 \$\$1,00	,
A	AUT	OTHER: TOMOBILE LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	COMBINED SINGLE LIMIT	\$\$1,00 \$\$1.00	,
``	7.0	ANY AUTO			0.00201001211		0/1/2021	0/1/2022	(===========	\$	00,000
		OWNED SCHEDULED							` ' '	\$	
	_	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE	\$	
		AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
		UMBRELLA LIAB ✓ OCCUR			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURRENCE	-	00,000
	/	EXCESS LIAB CLAIMS-MADE							AGGREGATE		00,000
		CLAIWS-WADL							AGGREGATE	\$ \$5,00	00,000
	WOF	DED RETENTION \$ RKERS COMPENSATION							PER OTH- STATUTE ER	φ	
		DEMPLOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$	
	OFF	ICER/MEMBEREXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE		
	If ves	s, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT		
В	_	ticipant Accident Medical			UBH000005		9/1/2021	9/1/2022	\$100,000	Ψ	
		•							·		
DES	CRIPT	TION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORE) 101, Additional Remarks Schedu	le, may b	e attached if mor	re space is requir	red)		
				. .	V 11 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
		ertificate is issued on behalf of Mich eate holder is Additional Insured as r									
of	the s	state association. Waiver of Subroga	ation	appli	es when required by writter	n contra	ıct.				
CF	RTIF	FICATE HOLDER				CANC	ELLATION				
l N	Orth	awood Elementary							ESCRIBED POLICIES BE CA		
5	26 V	nwood Elementary N12 Mile Rd.							EREOF, NOTICE WILL B BY PROVISIONS.	E DEI	LIVERED IN
ΙŘ	ova	Il Oak MI 48073									

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Gary D. Putterson

AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY)

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If SUBROGATION IS WAIVED, subject to the terms and of this certificate does not confer rights to the certificate hole.				equire an endor	sement.	A statement on
PRODUCER USI Insurance Services NW	CONTA NAME:		<i>j</i> ·			
601 Union Street, Suite 1000		PHONE (A/C, No, Ext): 206-441-6300 (A/C, No):				
Seattle, WA 98101	E-MAIL ADDRE		200 441 0000		A/C, NO).	
	ADDICE	ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC				
	INCLIDE			rance Company		10120
INSURED			surance Corpo			39217
Michigan State Youth Soccer Association	INSURE		sarance corpe	Station		00217
9401 General Drive, Suite 120 Plymouth MI 48170	INSURE					
Trymoutitivii 40170	INSURE					
	INSURE					
COVERAGES CERTIFICATE NUMBE				REVISION NUM	BER:	'
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LIS	TED BELOW HAVE BEE		THE INSURE	D NAMED ABOVE	FOR TH	
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSUF						
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SH				D HEREIN IS SUB	JECT TO	ALL THE TERIVIS,
INSR TYPE OF INSURANCE INSD WVD I	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	3
A COMMERCIAL GENERAL LIABILITY SI8GL018		9/1/2021	9/1/2022	EACH OCCURRENCE	_	\$\$1,000,000
CLAIMS-MADE ✓ OCCUR				DAMAGE TO RENTEI PREMISES (Ea occur	D	\$\$300,000
				MED EXP (Any one pe		\$ Excluded
				PERSONAL & ADV IN		\$\$1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGA		\$\$5,000,000
POLICY PRO- JECT LOC				PRODUCTS - COMP/	OP AGG	\$\$1,000,000
OTHER:				Participant Legal		\$\$1,000,000
A AUTOMOBILE LIABILITY SI8GL018	351-211	9/1/2021	9/1/2022	COMBINED SINGLE I (Ea accident)	IMIT	\$\$1,000,000
ANY AUTO				BODILY INJURY (Per	person)	\$
OWNED SCHEDULED AUTOS AUTOS				BODILY INJURY (Per	accident)	\$
HIRED NON-OWNED AUTOS ONLY				PROPERTY DAMAGE (Per accident)		\$
				,		\$
UMBRELLA LIAB ✓ OCCUR SI8EX017	'24-211	9/1/2021	9/1/2022	EACH OCCURRENCE	Ξ	\$\$5,000,000
✓ EXCESS LIAB CLAIMS-MADE				AGGREGATE		\$\$5,000,000
DED RETENTION \$						\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				PER STATUTE	OTH- ER	
ANYPROPRIETOR/PARTNER/EXECUTIVE N/A				E.L. EACH ACCIDEN	Г	\$
(Mandatory in NH)				E.L. DISEASE - EA EM	MPLOYEE	\$
If yes, describe under DESCRIPTION OF OPERATIONS below				E.L. DISEASE - POLIC	CY LIMIT	\$
B Participant Accident Medical UBH0000	05	9/1/2021	9/1/2022	\$100,000		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Addition	nal Remarks Schedule, may b	e attached if mor	e space is require	ed)		
This certificate is issued on behalf of Michigan State Youth Soc						
Certificate holder is Additional Insured as respects the operation of the state association. Waiver of Subrogation applies when re			ed activities			
of the state association. Walver of Subrogation applies when re	quired by writteri contra	act.				
CERTIFICATE HOLDER	CANO	CELLATION				
Northwood University 400 Whiting Dr. Midland MI 48640	THE	EXPIRATION	N DATE THE			NCELLED BEFORE E DELIVERED IN
	АИТНО	RIZED REPRESE	NTATIVE			
			4	Jary D. 1	Pitt	esson

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DATE (MM/DD/YYYY) 9/9/2021

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	SUBROGATION IS WAIVED, subject is certificate does not confer rights				•	•	•	require an endo	rsement.	. A sta	itement on
_	DUCER USI Insurance Services N		ceru	incate noider in neu or st	CONTA NAME:		·)·				
	601 Union Street, Suite 1				PHONE (A/C, No		206-441-6300	ı	FAX (A/C, No):		
	Seattle, WA 98101				E-MAIL ADDRE	SS:					
						INS	SURER(S) AFFOR	DING COVERAGE			NAIC#
					INSURE	RA: Everest	National Insu	rance Company			10120
INSU					INSURE	RB: QBE Ins	surance Corpo	oration			39217
IVI Q	chigan State Youth Soccer Ass 01 General Drive, Suite 120	sociai	ion		INSURER C:						
P	ymouth MI 48170				INSURER D:						
	•				INSURE	RE:					
					INSURE	RF:					
CO	/ERAGES CEI	RTIFIC	ATE	NUMBER: 63796486				REVISION NU	MBER:		
	IS IS TO CERTIFY THAT THE POLICIE										
	DICATED. NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR MAY										
E	CLUSIONS AND CONDITIONS OF SUCH		,						20200		,
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	3	
Α	✓ COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE	CF	s\$1.00	0.000

LTR	LTR TYPE OF INSURANCE				POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS		
Α	<	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000	
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000	
								MED EXP (Any one person)	\$ Excluded	
								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			SI8GL01851-211	9/1/2021	9/1/2022	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			SI8EX01724-211	9/1/2021	9/1/2022	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 Y / N	N/A					E.L. EACH ACCIDENT	\$	
	(Man	CER/MEMBEREXCLUDED?	117.2					E.L. DISEASE - EA EMPLOYEE	\$	
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
В	Pari	ticipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000		

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 & Michigan Youth Soccer League 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.

RE IN
-



DATE (MM/DD/YYYY) 9/9/2021

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 to the terms and conditions of the	ne policy, certain p	olicies may	require an endorsement.	A statement on
th	is certificate does not confer rights to the certificate holder in lieu of su		s).		
PROI	DUCER USI Insurance Services NW	CONTACT NAME:			
	601 Union Street, Suite 1000		206-441-6300	FAX (A/C, No):	
	Seattle, WA 98101	E-MAIL ADDRESS:			
		INS	SURER(S) AFFOR	RDING COVERAGE	NAIC#
		INSURER A: Everest	National Insu	rance Company	10120
INSU	··==	INSURER B: QBE In:	surance Corp	oration	39217
IVI 9∠	lichigan State Youth Soccer Association 401 General Drive, Suite 120	INSURER C :			
	lymouth MI 48170	INSURER D :			
		INSURER E :			
		INSURER F :			
CO	VERAGES CERTIFICATE NUMBER: 63796487			REVISION NUMBER:	
	HIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAY IDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION				
	ERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDI				
E	XCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE				ALL THE TERMO,
INSR LTR	TYPE OF INSURANCE ADDL SUBR INSD WVD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	i
Α	✓ COMMERCIAL GENERAL LIABILITY SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE S	\$\$1,000,000
				DAMAGE TO RENTED	±

LIK		THEOFINOOIDANOL	INSD	WVD	POLICT NUMBER	(IVIIVI/DD/TTTT)	(IVIIVI/DD/TTTT)	LIMIT	<u> </u>
Α	/	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
								MED EXP (Any one person)	\$ Excluded
								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			SI8GL01851-211	9/1/2021	9/1/2022	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			SI8EX01724-211	9/1/2021	9/1/2022	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)	,					E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Par	ticipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000	

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 & Michigan Youth Soccer League 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
Notre Dame Prep High School 1300 Giddings Rd Pontiac MI 48340	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) 9/9/2021

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

	SUBROGATION IS WAIVED, his certificate does not confe								require an endorsement	. A st	atement on
PRO	DDUCER USI Insurance Serv	ices NW	v			CONTAC NAME:	ст	,			
	601 Union Street, S					PHONE (A/C, No	Fu4).	206-441-6300) FAX (A/C, No):		
	Seattle, WA 98101					E-MAIL ADDRES	SS:	200-441-0000	(A/C, NO):		
							INS	SURER(S) AFFOR	RDING COVERAGE		NAIC#
						INSURE	RA: Everest	National Insu	ırance Company		10120
	JRED	_				INSURE	кв: QBE In:	surance Corp	oration		39217
l №	Michigan State Youth Soco 401 General Drive, Suite	er Assoc	ciat	ion		INSURE	RC:				
	Plymouth MI 48170	120				INSURE	RD:				
'	.,					INSURE	RE:				
						INSURE	RF:				
	VERAGES				NUMBER: 63796488				REVISION NUMBER:		
C IN	HIS IS TO CERTIFY THAT THE INDICATED. NOTWITHSTANDING ERTIFICATE MAY BE ISSUED (ANY REC OR MAY PE	QUIR ERT	EME AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN' ED BY	Y CONTRACT THE POLICIE	OR OTHER I	DOCUMENT WITH RESPECT D HEREIN IS SUBJECT TO	CT TO	WHICH THIS
	XCLUSIONS AND CONDITIONS (BEEN F	POLICY EFF	PAID CLAIMS. POLICY EXP			
INSR LTR			NSD	SUBR WVD			(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT		
A	COMMERCIAL GENERAL LIABII				SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE DAMAGE TO RENTED	· ,	00,000
	CLAIMS-MADE / OCC	UR							PREMISES (Ea occurrence)	\$\$300	<i>'</i>
									MED EXP (Any one person)	\$ Exclu	
									PERSONAL & ADV INJURY		00,000
	GEN'L AGGREGATE LIMIT APPLIES F POLICY PRO- JECT L								GENERAL AGGREGATE		00,000
		OC							PRODUCTS - COMP/OP AGG	\$\$1,00	,
A	OTHER: AUTOMOBILE LIABILITY				SI8GL01851-211		9/1/2021	9/1/2022	Participant Legal Liabi COMBINED SINGLE LIMIT	\$\$1,00	,
^	ANY AUTO				310GE01031-211		3/1/2021	3/1/2022	(Ea accident) BODILY INJURY (Per person)	\$\$1,00 \$	00,000
	OWNED SCHED	JLED							BODILY INJURY (Per accident)	\$	
	AUTOS ONLY AUTOS NON-ON	VNED							PROPERTY DAMAGE	\$	
	AUTOS ONLY AUTOS	ONLY							(Per accident)	\$	
	UMBRELLA LIAB / 000				SI8EX01724-211		9/1/2021	9/1/2022	EAGU GOOUDDENGE	-	20,000
	(EXOCOLUAD				OIOEXOTYET ETT		0/1/2021	0, 1,2022	EACH OCCURRENCE	· ,	00,000
	CLA	IMS-MADE							AGGREGATE		00,000
	DED RETENTION \$ WORKERS COMPENSATION								PER OTH- STATUTE ER	\$	
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTI	Y/N							E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBEREXCLUDED? (Mandatory in NH)	,	N/A						E.L. DISEASE - EA EMPLOYEE		
	If yes, describe under DESCRIPTION OF OPERATIONS below	v							E.L. DISEASE - POLICY LIMIT		
В	Participant Accident Medical	*			UBH000005		9/1/2021	9/1/2022	\$100,000	Ψ	
DES	CRIPTION OF OPERATIONS / LOCATIO	NS / VEHICLE	S (A	CORD	101, Additional Remarks Schedul	e, may be	attached if mor	re space is requir	ed)		
 	is contificate in issued on baball	of Michia		٠٠٠٠	Vouth Conser Association	0 Miabi	aan Vauth Ca				
Ce	nis certificate is issued on behalt ertificate holder is Additional Ins	ured as res	spec	ts th	e operations of the Named	Insure	ď for sanctior				
of	the state association. Waiver o	Subrogati	ion a	applie	es when required by writter	contra	ict.				
L											
CE	RTIFICATE HOLDER					CANC	ELLATION				
2	lovi Community School D 5345 Taft Road	istrict				THE	EXPIRATION	N DATE THI	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E Y PROVISIONS.		
ΙN	lovi MI 48374										

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Gary D. Putterson

AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY)

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this certificate does not confe	er rights to the certificate holder in lieu of s	uch endorsemer	ıt(s).				
PRODUCER USI Insurance Ser	vices NW	CONTACT NAME:					
601 Union Street,	Suite 1000	PHONE (A/C, No. Ext):	206-441-6300	FAX (A/C, No):			
Seattle, WA 98101		E-MAIL ADDRESS:					
			INSURER(S) AFFORDING COVERAGE		NAIC#		
		INSURER A : Ever	est National Insurance Company	,	10120		
INSURED		INSURER B: QBE	Insurance Corporation		39217		
Michigan State Youth Soc 9401 General Drive, Suite	cer Association	INSURER C :					
Plymouth MI 48170	5 120	INSURER D :					
,		INSURER E :					
		INSURER F:					
COVERAGES	CERTIFICATE NUMBER: 63796489		REVISION NUI	MBER:			
	POLICIES OF INSURANCE LISTED BELOW HA						
	G ANY REQUIREMENT, TERM OR CONDITION OR MAY PERTAIN. THE INSURANCE AFFORD						
	OF SUCH POLICIES. LIMITS SHOWN MAY HAVE			DOLOT TO ALL	TIE TEIXIVIO,		

ADDL SUBR INSD WVD POLICY EFF POLICY EXP (MM/DD/YYYY) INSR LTR TYPE OF INSURANCE POLICY NUMBER Α **COMMERCIAL GENERAL LIABILITY** SI8GL01851-211 9/1/2021 9/1/2022 EACH OCCURRENCE DAMAGE TO RENTED \$\$1,000,000 CLAIMS-MADE ✓ OCCUR \$\$300,000 PREMISES (Ea occurrence) MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$\$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$\$5,000,000 PRO-JECT POLICY LOC PRODUCTS - COMP/OP AGG \$\$1,000,000 \$\$1,000,000 OTHER: Participant Legal Liabi COMBINED SINGLE LIMIT (Ea accident) Α **AUTOMOBILE LIABILITY** SI8GL01851-211 9/1/2021 9/1/2022 \$\$1,000,000 ANY AUTO BODILY INJURY (Per person) SCHEDULED AUTOS NON-OWNED OWNED AUTOS ONLY HIRED BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTOS ONLY **AUTOS ONLY** UMBRELLA LIAB SI8EX01724-211 9/1/2021 9/1/2022 / OCCUR EACH OCCURRENCE \$\$5,000,000 **EXCESS LIAB CLAIMS-MADE AGGREGATE** \$\$5,000,000 DED RETENTION \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? 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 UBH000005 9/1/2021 Participant Accident Medical 9/1/2022 \$100,000

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 & Michigan Youth Soccer League 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
OAKBROOK ELEMENTARY 12060 GREENWAY STERLING HEIGHTS MI 48312	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 Sary Patterson
·	



DATE (MM/DD/YYYY)

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	SUBROGATION IS WAIVED, Subject his certificate does not confer rights t							require an endorsement. A	statement on
_	DUCER USI Insurance Services N				CONTA NAME:		,-		
	601 Union Street, Suite 10				PHONE (A/C, No	- Evt).	206-441-6300	FAX (A/C, No):	
	Seattle, WA 98101				E-MAIL ADDRE	99.	-000 441 0000	/ (A/C, NO).	
					ADDRE		URFR(S) AFFOR	RDING COVERAGE	NAIC#
					INSURF			rance Company	10120
INSI	IRED					RB: QBE Ins			39217
	lichigan State Youth Soccer Asso	ocia	tion		INSURE				002
9 F	401 General Drive, Suite 120 lymouth MI 48170				INSURE				
l '	Tymodar Wir 40170				INSURE				
					INSURE				
co	VERAGES CER	TIFIC	CATE	NUMBER: 63796490				REVISION NUMBER:	'
II C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY REERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT POLI	REME AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIE	OR OTHER I S DESCRIBEI	DOCUMENT WITH RESPECT TO HEREIN IS SUBJECT TO AL	O WHICH THIS
LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	
A	CLAIMS-MADE OCCUR			SI8GL01851-211		9/1/2021	9/1/2022	DAMAGE TO RENTED	,000,000 800.000
	SEA MINISTER OF SECOND								cluded
									,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:								5,000,000
	POLICY PRO- JECT LOC								,000,000
	OTHER:								,000,000
Α	AUTOMOBILE LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	COMPINED SINGLE LIMIT	,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			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURRENCE \$\$5	5,000,000
	✓ EXCESS LIAB CLAIMS-MADE							AGGREGATE \$\$5	5,000,000
	DED RETENTION \$							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT \$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE \$	
Ļ	DÉSCRIPTION OF OPERATIONS below			LIBLIOGOGE		0/4/0004	0/4/0000	E.L. DISEASE - POLICY LIMIT \$	
В	Participant Accident Medical			UBH000005		9/1/2021	9/1/2022	\$100,000	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORD	101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requir	ed)	
Ce	is certificate is issued on behalf of Mich rtificate holder is Additional Insured as r the state association. Waiver of Subroga	espe	cts th	e operations of the Named	Insure	ď for sanction			
CE	RTIFICATE HOLDER				CANC	CELLATION			
lз	Pakland Christian 075 Shimmonds Rd uburn Hills MI 48326				THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE CANCEREOF, NOTICE WILL BE PROVISIONS.	

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Gary D. Putterson

AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY) 9/9/2021

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

	SUBROGATION IS WAIVED, subjectis certificate does not confer rights							require an endorsemer	nt. A st	atement on
_	DUCER USI Insurance Services N				CONTA NAME:		<i>y</i> -			
	601 Union Street, Suite 1	000			PHONE (A/C, No		206-441-6300	FAX (A/C, No)	_	
	Seattle, WA 98101				E-MAIL ADDRE	99.	200 441 0000	(A/C, NO)	•	
					ADDILL		SURFR(S) AFFOR	RDING COVERAGE		NAIC#
					INSURF		• •	rance Company		10120
INSU	RED					RB: QBE In				39217
M	ichigan State Youth Soccer Ass	ocia	tion		INSURE		<u> </u>	<u> </u>		00217
9,	101 General Drive, Suite 120 vmouth MI 48170				INSURE					
	ymoun wi 40170				INSURE					
					INSURE					
CO	VERAGES CER	RTIFIC	CATE	E NUMBER: 63796491				REVISION NUMBER:		
	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY R	S OF	INSU	RANCE LISTED BELOW HAY						
CI EX	ERTIFICATE MAY BE ISSUED OR MAY CCLUSIONS AND CONDITIONS OF SUCH	PERT POLI	AIN, CIES.	THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	ED BY	THE POLICIE REDUCED BY	S DESCRIBEI PAID CLAIMS	D HEREIN IS SUBJECT 1		
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIM	TS	
Α	✓ COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,0	00,000
	CLAIMS-MADE ✓ OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300	,000
								MED EXP (Any one person)	\$ Excl	uded
								PERSONAL & ADV INJURY	\$\$1,0	00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$\$5,0	00,000
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$\$1,0	00,000
	OTHER:							Participant Legal Liabi		00,000
Α	AUTOMOBILE LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	COMBINED SINGLE LIMIT (Ea accident)		00,000
	ANY AUTO							BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS HIRED NON-OWNED							BODILY INJURY (Per accident	1	
	HIRED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
				010=1/01=01.011		2442224	2///2222		\$	
	UMBRELLA LIAB / OCCUR			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURRENCE	T ' '	00,000
	✓ EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$\$5,0	00,000
	DED RETENTION \$ WORKERS COMPENSATION							DED OTH	\$	
	AND EMPLOYERS' LIABILITY Y / N							PER OTH- STATUTE ER		
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYE		
В	DÉSCRIPTION OF OPERATIONS below Participant Accident Medical			UBH000005		9/1/2021	9/1/2022	E.L. DISEASE - POLICY LIMIT \$100,000	\$	
Ь	Farticipant Accident Medical			OBH000005		9/1/2021	9/1/2022	\$100,000		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORE	0 101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requir	ed)		
Th	s certificate is issued on behalf of Micl	ninan	State	Youth Soccer Association	& Michi	inan Youth Sc	occer I eague			
Ce	rtificate holder is Additional Insured as	respe	cts th	ne operations of the Named	Insure	ď for sanctior				
Of 1	he state association. Waiver of Subrog	ation	appli	es when required by writter	n contra	act.				
CEI	RTIFICATE HOLDER				CANO	CELLATION				
					6110			ESCRIBED POLICIES BE (ANCEL	ED BEEODE
0	akland Christian							EREOF, NOTICE WILL		
30	075 Shimmons uburn Hills MI 48326				ACC	ORDANCE WI	TH THE POLIC	Y PROVISIONS.		
~	ADULTI TITIS IVIT TOULU									

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Gary D. Putterson

AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY) 9/9/2021

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.

	SUBROGATION IS WAIVED, subject is certificate does not confer rights							require an endorsemen	t. A st	atement on
_	DUCER USI Insurance Services N				CONTA NAME:		<i>y</i> -			
	601 Union Street, Suite 1	000			PHONE (A/C, No		206-441-6300	FAX (A/C, No):		
	Seattle, WA 98101				E-MAIL ADDRE	99.	200 441 0000	(A/C, NO)		
					ADDICE		SURFR(S) AFFOR	RDING COVERAGE		NAIC#
					INSURE		• •	rance Company		10120
INSU	RED						surance Corp			39217
M	ichigan State Youth Soccer Ass	ocia	tion		INSURE		ourarioo oorp	oracion		00217
9	101 General Drive, Suite 120 vmouth MI 48170				INSURE					
'	ymodin wii 40170				INSURE					
					INSURE					
CO	VERAGES CEI	RTIFIC	CATE	NUMBER: 63796492				REVISION NUMBER:		
	HIS IS TO CERTIFY THAT THE POLICIE DICATED. NOTWITHSTANDING ANY R									
E)	ERTIFICATE MAY BE ISSUED OR MAY CCLUSIONS AND CONDITIONS OF SUCH	POLI	CIEŚ.	LIMITS SHOWN MAY HAVE		REDUCED BY	PAID CLAIMS		O ALL	THE TERMS,
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	гѕ	
Α	✓ COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,00	00,000
	CLAIMS-MADE ✓ OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300	•
								MED EXP (Any one person)	\$ Excl	ıded
								PERSONAL & ADV INJURY	\$\$1,00	00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$\$5,00	00,000
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$\$1,00	00,000
	OTHER:							Participant Legal Liabi	\$\$1,00	00,000
Α	AUTOMOBILE LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,00	00,000
	ANY AUTO							BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS AUTOS							BODILY INJURY (Per accident)	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
								,	\$	
	UMBRELLA LIAB ✓ OCCUR			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,00	00,000
	✓ EXCESS LIAB CLAIMS-MADI	:						AGGREGATE	\$\$5,00	00,000
	DED RETENTION \$								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH)	117.7						E.L. DISEASE - EA EMPLOYE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
В	Participant Accident Medical			UBH000005		9/1/2021	9/1/2022	\$100,000		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORE) 101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requir	ed)		
Th	s certificate is issued on behalf of Mic	niaan	Stata	Vouth Second Association	9. Michi	iaan Vauth Sa	ocor Loggue			
Ce	rtificate holder is Additional Insured as	respe	cts th	e operations of the Named	Insure	ď for sanctior				
of :	he state association. Waiver of Subrog	ation	appli	es when required by writter	n contra	act.				
CE	RTIFICATE HOLDER				CANO	CELLATION				•
					<u> </u>					
	akland Christian							ESCRIBED POLICIES BE O EREOF, NOTICE WILL		
3	075 Shimmons Rd							Y PROVISIONS.		
A	uburn Hills MI 48326									

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Gary D. Putterson

AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY)

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							ificate holder in lieu of su	uch en	dorsement(s		require an endorsement		atement on
-		R USI Insuran						CONTA NAME:					
		601 Union S	Stre	et, Suite 10				PHONE (A/C, No	o. Ext):	206-441-6300) FAX (A/C, No):		
		Seattle, WA	98	3101				E-MAIL ADDRE	SS:		[[A.C., NO].		
										SURER(S) AFFOR	RDING COVERAGE		NAIC#
								INSURF		• •	urance Company		10120
INS	JRED								RB: QBE Ins		' '		39217
		igan State You			ocia	tion		INSURE		<u> </u>	<u> </u>		00217
9	401 Ivm	General Drive outh MI 48170	ອ, ວ ດ	suite 120				INSURE					
'	ıyııı	outilivii 4017	0					INSURE					
								INSURE					
co	VER	AGES		CEF	RTIFIC	CATE	NUMBER: 63796493				REVISION NUMBER:		1
							RANCE LISTED BELOW HAY						
C	ERTI XCLU	FICATE MAY BE I	ISSI	UED OR MAY	PERT	AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	ED BY	THE POLICIE REDUCED BY	S DESCRIBE PAID CLAIMS	D HEREIN IS SUBJECT TO		
INSR LTR		TYPE OF INSU	URA	NCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	1	COMMERCIAL GENE	RAL	LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,00	00,000
		CLAIMS-MADE		OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300	0,000
			_								MED EXP (Any one person)	\$ Excl	uded
											PERSONAL & ADV INJURY	\$\$1,0	00,000
	GEN	N'L AGGREGATE LIMIT	API	PLIES PER:							GENERAL AGGREGATE	\$\$5,00	00,000
		POLICY PRO- JECT		LOC							PRODUCTS - COMP/OP AGG	\$\$1,0	00,000
		OTHER:	_								Participant Legal Liabi	\$\$1,0	00,000
Α	AUT	OMOBILE LIABILITY					SI8GL01851-211		9/1/2021	9/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,0	00,000
		ANY AUTO									BODILY INJURY (Per person)	\$	
		OWNED AUTOS ONLY		SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
	/	HIRED AUTOS ONLY	, 1	NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
												\$	
		UMBRELLA LIAB	/	OCCUR			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,00	00,000
	1	EXCESS LIAB		CLAIMS-MADE	:						AGGREGATE	\$ \$5,00	00,000
		DED RETENT	ION	1\$								\$	
		RKERS COMPENSATIO EMPLOYERS' LIABILI									PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNE	R/E)		N/A						E.L. EACH ACCIDENT	\$	
	(Mar	ICER/MEMBEREXCLUD	JED :	·							E.L. DISEASE - EA EMPLOYEE	\$	
	DÉS	s, describe under CRIPTION OF OPERAT									E.L. DISEASE - POLICY LIMIT	\$	
В	Par	ticipant Accident N	Лed	dical			UBH000005		9/1/2021	9/1/2022	\$100,000		
Th Ce	is ce ertific	rtificate is issued o ate holder is Addit	on I tion	behalf of Mich	nigan respe	State cts th	on 101, Additional Remarks Schedul Youth Soccer Association are operations of the Named es when required by writter	& Michi	gan Youth So d for sanction	ccer League	ed)		
CF	RTIF	ICATE HOLDER	₹					CANO	ELLATION				
<u> </u>		ICATE HOLDEN	`					27.11					
1								مa					

Oakland Steiner 3976 S Livernois Rochester Hills 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. Pitterson

Gary Patterson



DATE (MM/DD/YYYY)

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this certificate does not confer rig	gnts to the certificate holder in lieu of s	ucn enaorseme	nt(s).		
PRODUCER USI Insurance Service	es NW	CONTACT NAME:			
601 Union Street, Sui	te 1000	PHONE (A/C, No, Ext):	206-441-6300	FAX (A/C, No):	
Seattle, WA 98101		E-MAIL ADDRESS:			
			INSURER(S) AFFORDING COV	/ERAGE	NAIC#
		INSURER A : Eve	rest National Insurance C	ompany	10120
INSURED CLARA VALUE CONTROL	Accession	INSURER B: QB	E Insurance Corporation		39217
Michigan State Youth Soccer 9401 General Drive, Suite 12	Association 20	INSURER C :			
Plymouth MI 48170	.0	INSURER D :			
,		INSURER E :			
		INSURER F:			
COVERAGES	CERTIFICATE NUMBER: 63796494		REVISION	ON NUMBER:	
TI 110 10 TO OFFITE / TI 14T THE DOL	LOISO OF MOUBANOS LIGISED BELOW HA	VE BEEN LOOLIE	TO THE INCHES NAME	D 400 / F FOR THE DO	LIOV DEDICE

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	COLOGICINO AND CONDITIONS OF SOCI	ADDLS			POLICY EFF	POLICY EXP		
LTR	TYPE OF INSURANCE	INSD \	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
Α	CLAIMS-MADE OCCUR			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,000,000 \$\$300.000
							MED EXP (Any one person)	\$ Excluded
							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			SI8GL01851-211	9/1/2021	9/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
	ANY AUTO						BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	✓ HIRED AUTOS ONLY ✓ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB ✓ OCCUR			SI8EX01724-211	9/1/2021	9/1/2022	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 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	Participant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000	

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 & Michigan Youth Soccer League 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
OAKLAND UNIVERSITY SOCCER BUBBLE 2200 N. Squirrel Road ROCHESTER 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 HOSPING DE L'ANTIGE AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE
	Gary Patterson



DATE (MM/DD/YYYY)

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this certificate does not confer rights to the certificate holder in lieu of s		atement on
PRODUCER USI Insurance Services NW	CONTACT NAME:	
601 Union Street, Suite 1000	PHONE (A/C, No, Ext): 206-441-6300 FAX (A/C, No):	
Seattle, WA 98101	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC#
	INSURER A: Everest National Insurance Company	10120
INSURED	INSURER B: QBE Insurance Corporation	39217
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:	
Plymouth MI 48170	INSURER D:	
	INSURER E :	
	INSURER F:	
COVERAGES CERTIFICATE NUMBER: 63796495	REVISION NUMBER:	
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAINDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION		
CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORD		
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE		
INSR LTR TYPE OF INSURANCE ADDL SUBR INSD WVD POLICY NUMBER	POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS	

LTR	TYPE OF INSURANCE		INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	s
Α	/	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE DAMAGE TO RENTED	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						PREMISES (Ea occurrence)	\$\$300,000
								MED EXP (Any one person)	\$ Excluded
								PERSONAL & ADV INJURY	\$\$1,000,000
	GEI	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$\$5,000,000
		POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$\$1,000,000
		OTHER:						Participant Legal Liabi	\$\$1,000,000
Α	ΑU	TOMOBILE LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	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			SI8EX01724-211	9/1/2021	9/1/2022	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 ICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Mai	ndatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$
	If ye DES	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Par	ticipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000	·

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

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CERTIFICATE HOLDER	CANCELLATION
Oakland University Upper Fields Athletic Department 2220 N. Squirrel Road	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Rochester MI 48309	AUTHORIZED REPRESENTATIVE ###################################



DATE (MM/DD/YYYY)

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	, ,	•		• •		an endorsement. A si	atement on
this certificate of	loes not confer righ	its to the certificate	holder in lieu of s	uch endorseme	nt(s).		
PRODUCER USI In	surance Services	s NW		CONTACT NAME:			
601 Uı	nion Street, Suite	1000		PHONE (A/C, No, Ext):	206-441-6300	FAX (A/C, No):	
Seame	e, WA 98101			E-MAIL ADDRESS:			
					INSURER(S) AFFORDING CO	OVERAGE	NAIC#
				INSURER A: Eve	rest National Insurance	Company	10120
INSURED				INSURER B: QB	E Insurance Corporation		39217
Michigan Stat	e Youth Soccer A Drive, Suite 120	Association		INSURER C :			
Plymouth MI	48170			INSURER D :			
•				INSURER E :			
				INSURER F:			
COVERAGES	(CERTIFICATE NUM	IBER: 63796496		REVIS	SION NUMBER:	
						MED ABOVE FOR THE POL	
						MENT WITH RESPECT TO EIN IS SUBJECT TO ALL	
	D CONDITIONS OF SU					LIIT IO CODULOT TO THE	e .e.wo,
INSR TYPE	E OF INSURANCE	ADDL SUBR	POLICY NUMBER	POLICY E	FF POLICY EXP	LIMITS	

INSR LTR	TR TYPE OF INSURANCE		ADDL INSD	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
Α	1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
								MED EXP (Any one person)	\$ Excluded
								PERSONAL & ADV INJURY	\$\$1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$\$5,000,000
		POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$\$1,000,000
		OTHER:						Participant Legal Liabi	\$\$1,000,000
Α	AUT	TOMOBILE LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	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			SI8EX01724-211	9/1/2021	9/1/2022	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 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	Part	ticipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000	

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CERTIFICATE HOLDER	CANCELLATION
Oakland University, Lower Fields Athletic Department Rochester 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
Hochester IVII 46309	Gary D. Patterson



DATE (MM/DD/YYYY)

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	is certificate does not confer rights t							require an endorsement. A	statement on		
_	DUCER USI Insurance Services N				CONTA NAME:		,-				
	601 Union Street, Suite 10				PHONE (A/C, No, Ext): 206-441-6300 FAX (A/C, No):						
	Seattle, WA 98101				E-MAIL ADDRE	99.	-000 441 0000	/ (A/C, NO).			
					ADDRE		URFR(S) AFFOR	RDING COVERAGE	NAIC#		
					INSURER(S) AFFORDING COVERAGE INSURER A: Everest National Insurance Company				10120		
INSL	RED					RB: QBE Ins			39217		
	ichigan State Youth Soccer Ass	ocia	tion		INSURE		odranico corp	oranon —	00217		
9	401 General Drive, Suite 120 lymouth MI 48170				INSURE						
'	iyinodiri wi 40170				INSURE						
					INSURE						
co	VERAGES CER	TIFIC	CATE	NUMBER: 63796497				REVISION NUMBER:	-		
IN C	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT POLI	REME AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIE	OR OTHER I S DESCRIBEI	DOCUMENT WITH RESPECT TO HEREIN IS SUBJECT TO AL	O WHICH THIS		
LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS			
A	CLAIMS-MADE OCCUR			SI8GL01851-211		9/1/2021	9/1/2022	DAMAGE TO RENTED	,000,000 800.000		
	52 mms m. 52 💽 5555.K								cluded		
									,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:								5,000,000		
	POLICY PRO- JECT LOC								,000,000		
	OTHER:								.000.000		
Α	AUTOMOBILE LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	COMPINED SINGLE LIMIT	,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			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURRENCE \$\$5	5,000,000		
	✓ EXCESS LIAB CLAIMS-MADE							AGGREGATE \$\$5	5,000,000		
	DED RETENTION \$							\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT \$			
	(Mandatory in NH)	117.4						E.L. DISEASE - EA EMPLOYEE \$			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$			
В	Participant Accident Medical			UBH000005		9/1/2021	9/1/2022	\$100,000			
DES	L CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD) 101, Additional Remarks Schedu	le, mav b	e attached if mor	e space is requir	l ed)			
Th Ce	accipation of operations / Locations / Vehicles (Acord 101, Additional Remarks Schedule, may be attached if more space is required) nis certificate is issued on behalf of Michigan State Youth Soccer Association & Michigan Youth Soccer League ertificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities the state association. Waiver of Subrogation applies when required by written contract.										
CE	RTIFICATE HOLDER				CANO	ELLATION					
5	AKLAND YARD 328 HIGHLAND ROAD /ATERFORD MI 48329				THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE CANCEREOF, NOTICE WILL BE Y PROVISIONS.			

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Gary D. Putterson

AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY) 9/9/2021

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	SUBROGATION IS WAIVED, subject is certificate does not confer rights to							require an endorsement	. A st	atement on
	DUCER USI Insurance Services N				CONTA NAME:		<i>y</i> -			
	601 Union Street, Suite 10	000			PHONE (A/C, No		206-441-6300) FAX (A/C, No):		
	Seattle, WA 98101				E-MAIL ADDRE	0, EXT): 4	200-441-0000	(A/C, NO):		
					ADDICE		SURFR(S) AFFOR	RDING COVERAGE		NAIC#
					INSURE			rance Company		10120
INSU	RED						surance Corp			39217
M	ichigan State Youth Soccer Ass	ocia	ion		INSURE		bararioo oorp	oration		00217
9	401 General Drive, Suite 120 lymouth MI 48170				INSURE					
'	ymoun wi 48170				INSURE					
					INSURE					
CO	VERAGES CER	TIFIC	CATE	NUMBER: 63796498				REVISION NUMBER:		
IN	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY	QUIF	REME	NT, TERM OR CONDITION	OF AN'	Y CONTRACT	OR OTHER I	DOCUMENT WITH RESPE	CT TO	WHICH THIS
E)	KCLUSIONS AND CONDITIONS OF SUCH	POLI	CIEŚ.	LIMITS SHOWN MAY HAVE		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	✓ COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,00	00,000
	CLAIMS-MADE ✓ OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300	,000
								MED EXP (Any one person)	\$ Exclu	ıded
								PERSONAL & ADV INJURY	\$\$1,00	00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$\$5,00	00,000
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$\$1,00	00,000
	OTHER:							Participant Legal Liabi	\$\$1,00	00,000
Α	AUTOMOBILE LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,00	00,000
	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			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,00	00,000
	✓ EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$\$5,00	00,000
	DED RETENTION \$ WORKERS COMPENSATION							DED OTH	\$	
	AND EMPLOYERS' LIABILITY Y / N							PER OTH- STATUTE ER		
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE		
В	DÉSCRIPTION OF OPERATIONS below Participant Accident Medical			UBH000005		9/1/2021	9/1/2022	E.L. DISEASE - POLICY LIMIT \$100,000	\$	
ם	Tarticipant Accident Medical			0511000003		3/1/2021	3/1/2022	\$100,000		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedul	e, may b	e attached if mor	e space is requir	ed)		
Ce	s certificate is issued on behalf of Mich rtificate holder is Additional Insured as i he state association. Waiver of Subrog	espe	cts th	e operations of the Named	Insure	ď for sanction				
CE	RTIFICATE HOLDER				CANC	ELLATION				
5	AKLAND YARD 328 HIGHLAND ROAD /ATERFORD MI 48327				THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E BY PROVISIONS.		

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Gary D. Putterson

AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY)

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	SUBROGATION IS WAIVED, subject is certificate does not confer rights to							require an endo	rsement	. A st	atement on
	DUCER USI Insurance Services N		00.0	mouto notadi in noa di de	CONTA NAME:		<i>y</i> ·				
	601 Union Street, Suite 10				PHONE (A/C, No		206-441-6300		FAX		
	Seattle, WA 98101				E-MAIL ADDRE	o, Ext): 4	200-44 1-0300		(A/C, No):		
					ADDRE						
								DING COVERAGE			NAIC #
151011	nen .							rance Company			10120
INSU	кер ichigan State Youth Soccer Ass	ociat	ion		INSURE	RB: QBE Ins	surance Corpo	oration			39217
94	101 General Drive. Suite 120	oola			INSURE	RC:					
P	ymouth MI 48170				INSURE	RD:					
					INSURE	RE:					
					INSURE	RF:					
				NUMBER: 63796499				REVISION NUM			
IN CI EX	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY (CLUSIONS AND CONDITIONS OF SUCH	EQUIR PERT POLIC	REME AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN'	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH D HEREIN IS SUI	H RESPE	CT TO V	WHICH THIS
INSR LTR	TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	S	
Α	CLAIMS-MADE OCCUR			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE DAMAGE TO RENTI	ED	\$\$1,00 \$\$300	
	CLAIMS-MADE V OCCUR							PREMISES (Ea occu		\$ Exclu	<i></i>
								MED EXP (Any one			
								PERSONAL & ADV		\$\$1,00 \$\$5,00	· ·
	POLICY PRO- JECT LOC							GENERAL AGGREG			
								PRODUCTS - COMP		\$\$1,00	,
Α	OTHER: AUTOMOBILE LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	Participant Legal COMBINED SINGLE		\$\$1,00	,
^	ANY AUTO					9/1/2021	9/1/2022	(Ea accident)		\$\$1,00 \$	00,000
	OWNED SCHEDULED							BODILY INJURY (Pe	. ,		
	AUTOS ONLY AUTOS NON-OWNED							BODILY INJURY (PE	′	\$	
	AUTOS ONLY AUTOS ONLY							(Per accident)	,_	\$	
				010=)/01=01		21112221	2///2222			\$	
	UMBRELLA LIAB / OCCUR			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURRENCE	CE	\$\$5,00	00,000
	✓ EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$\$5,00	00,000
	DED RETENTION \$							l DED	OTU	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER STATUTE	OTH- ER		
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDE	NT	\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA E	MPLOYEE	\$	
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$	
В	Participant Accident Medical			UBH000005		9/1/2021	9/1/2022	\$100,000			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedu	le, may b	e attached if more	e space is require	ed)			
Ce	s certificate is issued on behalf of Mich rtificate holder is Additional Insured as i he state association. Waiver of Subrog	espe	cts th	e operations of the Named	Insure	ď for sanction	ccer League ed activities				
CFI	RTIFICATE HOLDER				CANC	ELLATION					
O 50	akridge Elementary 06 E 13 Mile Rd. oyal Oak MI 48073				SHO THE ACC	ULD ANY OF EXPIRATION ORDANCE WI	N DATE THE	ESCRIBED POLICE EREOF, NOTICE Y PROVISIONS.			-
					AUTHO	RIZED REPRESE		w	<u> </u>		
							4	Jary D.	Hill	UNA	m

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DATE (MM/DD/YYYY) 9/9/2021

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

						rms and conditions of th ificate holder in lieu of si				require an endorsement	. A st	atement on
-		R USI Insurance			, cert	moute noider in ned Of St	CONTA		<i>,</i> ·			
		601 Union St	reet. Suite 10	000			NAME: PHONE (A/C, No		206-441-6300	FAX		
		Seattle, WA 9	8101				E-MAIL ADDRE	o, Ext): 4	200-44 1-0300) (A/C, No):		
							ADDRE					
										RDING COVERAGE		NAIC#
INSURED										irance Company		10120
		gan State Youth	Soccer Asso	ocia	tion			RB: QBE Ins	surance Corp	oration		39217
9401 General Drive, Suite 120								RC:				
P	lym	outh MI 48170					INSURE	RD:				
							INSURE	RE:				
							INSURE	RF:				
_		AGES				NUMBER: 63796500				REVISION NUMBER:		
IN C	IDICA ERTI	ATED. NOTWITHST FICATE MAY BE IS	ANDING ANY RE SUED OR MAY	QUIF PERT	REME	RANCE LISTED BELOW HAY NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT	OR OTHER I S DESCRIBEI	DOCUMENT WITH RESPECT TO	CT TO V	WHICH THIS
INSR LTR		TYPE OF INSUR	RANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	/	COMMERCIAL GENER				SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,00	00.000
		CLAIMS-MADE	✓ OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300	•
			• 0000.1							MED EXP (Any one person)	\$ Exclu	<i>'</i>
										PERSONAL & ADV INJURY	\$\$1,00	
	GEN	"L AGGREGATE LIMIT A	.PDI IES PER:							GENERAL AGGREGATE		00,000
	GLI	POLICY PRO- JECT	LOC							PRODUCTS - COMP/OP AGG	\$\$1,00	
											\$\$1,00	
A	AUT	OTHER: OMOBILE LIABILITY				SI8GL01851-211		9/1/2021	9/1/2022	Participant Legal Liabi COMBINED SINGLE LIMIT	\$\$1,00	
``		ANY AUTO				0.00.20.00.1		0, 1, 202 1	0, 1, 2022	(Ea accident) BODILY INJURY (Per person)	\$	00,000
		OWNED	SCHEDULED							BODILY INJURY (Per accident)	\$	
	_	AUTOS ONLY HIRED	AUTOS NON-OWNED							PROPERTY DAMAGE	\$	
	/	AUTOS ONLY	AUTOS ONLY							(Per accident)	\$	
		UMBRELLA LIAB				SI8EX01724-211		9/1/2021	9/1/2022			2000
	/	EXCESS LIAB	✓ OCCUR			310LX01724-211		9/1/2021	3/1/2022	EACH OCCURRENCE	. ,	00,000
			CLAIMS-MADE							AGGREGATE	. ,	00,000
	WOE	DED RETENTION								PER OTH-	\$	
	AND	EMPLOYERS' LIABILITY	Y/N							PER OTH- STATUTE ER		
	OFFI	PROPRIETOR/PARTNER/ CER/MEMBEREXCLUDE		N/A						E.L. EACH ACCIDENT	\$	
		idatory in NH) s, describe under								E.L. DISEASE - EA EMPLOYEE		
В	DÉS	CRIPTION OF OPERATION OF COMMENT				UBH000005		9/1/2021	9/1/2022	E.L. DISEASE - POLICY LIMIT \$100,000	\$	
	ran	icipant Accident Me	suicai			OBI 1000003		9/1/2021	9/1/2022	\$100,000		
DES	CRIPT	ION OF OPERATIONS / I	LOCATIONS / VEHICI	LES (A	ACORD	101, Additional Remarks Schedu	le, may b	attached if more	e space is requir	ed)		
Ce	ertific	ate holder is Additio	onal Insured as r	espe	cts th	Youth Soccer Association e operations of the Named es when required by writter	Insure	d for sanction	ccer League ed activities			
CE	RTIF	ICATE HOLDER					CANO	ELLATION				
2	415	idge Elementar Brockton Ave I Oak MI 48067					THE	EXPIRATION	I DATE THI	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E BY PROVISIONS.		
							AUTHO	RIZED REPRESE	NTATIVE			

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Gary D. Putterson



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If S	SUBROGATION IS WAIVED, subjects certificate does not confer rights	t to ti	ne tei	rms and conditions of th	e polic	cy, certain po	olicies may	•		
PROD	ICER USI Insurance Services N	IW			CONTA NAME:	СТ				
	601 Union Street, Suite 1				PHONE (A/C, No	o. Ext): 2	206-441-6300)	FAX (A/C. No):	
	Seattle, WA 98101				E-MAIL ADDRE				. , . , . ,	
						INS	SURER(S) AFFOR	RDING COVERAGE		NAIC#
					INSURE	RA: Everest	National Insu	rance Company		10120
INSUR					INSURE	RB: QBE Ins	surance Corp	oration		39217
MI	chigan State Youth Soccer Ass 01 General Drive, Suite 120	ocia	tion		INSURE	RC:				
Pl۱	mouth MI 48170				INSURER D:					
,					INSURE	RE:				
					INSURE	RF:				
COV	ERAGES CEI	RTIFIC	CATE	NUMBER: 63796501				REVISION NUM	BER:	
	S IS TO CERTIFY THAT THE POLICIE									
	ICATED. NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR MAY									
	CLUSIONS AND CONDITIONS OF SUCH	POLI	CIEŚ.	LIMITS SHOWN MAY HAVE						,
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	
Α	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE		\$1,000,000
	CLAIMS-MADE ✓ OCCUR							DAMAGE TO RENTEI PREMISES (Ea occur		\$300,000
								MED EXP (Any one pe	erson) \$	Excluded

PERSONAL & ADV INJURY \$\$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$\$5,000,000 PRO-JECT LOC POLICY PRODUCTS - COMP/OP AGG \$\$1,000,000 OTHER: Participant Legal Liabi \$\$1,000,000 COMBINED SINGLE LIMIT (Ea accident) Α **AUTOMOBILE LIABILITY** SI8GL01851-211 9/1/2021 9/1/2022 \$\$1,000,000 ANY AUTO BODILY INJURY (Per person) OWNED AUTOS ONLY HIRED SCHEDULED AUTOS NON-OWNED BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTOS ONLY **AUTOS ONLY** UMBRELLA LIAB SI8EX01724-211 9/1/2021 9/1/2022 / OCCUR EACH OCCURRENCE \$\$5,000,000 **EXCESS LIAB** CLAIMS-MADE AGGREGATE \$\$5,000,000 DED RETENTION \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? 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 UBH000005 9/1/2021 9/1/2022 Participant Accident Medical \$100,000

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 & Michigan Youth Soccer League 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
OAKTREE ELEMENTARY 7500 GALE ROAD GOODRICH MI 48438	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) 9/9/2021

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PRODUCED LIGHT CONTACT						
601 Union Street, Suite 1000	NAME: PHONE (A/C, No. Ext): 206-441-6300 (A/C, No):					
Seattle, WA 98101	E-MAIL ADDRESS:					
	INSURER(S) AFFORDING COVERAGE	NAIC#				
	INSURER A: Everest National Insurance Company	10120				
INSURED	INSURER B: QBE Insurance Corporation	39217				
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:					
Plymouth MI 48170	INSURER D:					
	INSURER E:					
	INSURER F:					
COVERAGES CERTIFICATE NUMBER: 63796502	REVISION NUMBER:					
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA						
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFOR						
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAV	E BEEN REDUCED BY PAID CLAIMS.	-,				
INSR LTR TYPE OF INSURANCE ADDL SUBR INSD WVD POLICY NUMBER	POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS					
A COMMERCIAL GENERAL LIABILITY SI8GL01851-211	9/1/2021 9/1/2022 _{EACH OCCURRENCE} \$\$1,00	0,000				
CLAIMS-MADE ✓ OCCUR	DAMAGE TO RENTED PREMISES (Ea occurrence) \$\$300,	000				

LIK			עכאוו	WVD	I OLIO I NOMBLIX				
Α	/	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
								MED EXP (Any one person)	\$ Excluded
								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			SI8GL01851-211	9/1/2021	9/1/2022	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			SI8EX01724-211	9/1/2021	9/1/2022	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	Part	icipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000	

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 & Michigan Youth Soccer League 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
OAKTREE ELEMENTARY 7500 S. GALE RD GOODRICH MI 48438	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 this certificate does not confer rights to						require an endo	rsement	. A sta	atement on
PRODUCER USI Insurance Services N	CONTA NAME:		<u>, ,</u>						
601 Union Street, Suite 10	NAWIE: PHONE (A/C, No, Ext): 206-441-6300 (A/C, No):								
Seattle, WA 98101	E-MAIL ADDRE	99.	200 441 0000	ı.	(A/C, NO).				
			ADDRE		SUDED(S) AEEOE	RDING COVERAGE			NAIC#
			INCLIDE			rance Company			10120
INSURED					surance Corp				39217
Michigan State Youth Soccer Asso	ociation	า	INSURE		sarance corp	oration			00217
9401 General Drive, Suite 120 Plymouth MI 48170			INSURE						
Trymodiffwir 40170			INSURE						
			INSURE						
COVERAGES CER	TIFICAT	TE NUMBER: 63796503				REVISION NUM	IBER:		
THIS IS TO CERTIFY THAT THE POLICIES	OF INSI	URANCE LISTED BELOW HAY			THE INSURE	D NAMED ABOV	E FOR TH		
INDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY F									
EXCLUSIONS AND CONDITIONS OF SUCH							SJECT IC	ALL	HE TERIVIS,
INSR LTR TYPE OF INSURANCE	ADDL SUE	BR POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	 S	
A COMMERCIAL GENERAL LIABILITY	INOD WV	SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENC	E	\$\$1,00	0.000
CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTE PREMISES (Ea occu	ED	\$\$300.	
						MED EXP (Any one p		\$ Exclu	
						PERSONAL & ADV I		\$\$1,00	
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREG		\$\$5,00	·
POLICY PRO- JECT LOC						PRODUCTS - COMP	P/OP AGG	\$\$1,00	00.000
OTHER:						Participant Lega		\$\$1,00	·
A AUTOMOBILE LIABILITY		SI8GL01851-211		9/1/2021	9/1/2022	COMBINED SINGLE (Ea accident)	LIMIT	\$\$1,00	00,000
ANY AUTO						BODILY INJURY (Pe	r person)	\$	
OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Pe	r accident)	\$	
HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAG (Per accident)	E	\$	
								\$	
UMBRELLA LIAB ✓ OCCUR		SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURRENC	E	\$\$5,00	00,000
✓ EXCESS LIAB CLAIMS-MADE						AGGREGATE		\$\$5,00	00,000
DED RETENTION \$								\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE	OTH- ER		
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDEN	ΙΤ	\$	
(Mandatory in NH)	N/A					E.L. DISEASE - EA E	MPLOYEE	\$	
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POL	ICY LIMIT	\$	
B Participant Accident Medical		UBH000005		9/1/2021	9/1/2022	\$100,000			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (ACO	RD 101, Additional Remarks Schedu	le, may b	e attached if mor	e space is require	ed)			
This certificate is issued on behalf of Michi									
Certificate holder is Additional Insured as roof the state association. Waiver of Subroga					ned activities				
of the state association. Walver of Subroga	ιιιοι αρμ	mes when required by writter	Contra	ici.					
CERTIFICATE HOLDER			CANC	ELLATION					
Calmian Middle Calcad	 ѕно	ULD ANY OF	THE ABOVE D	ESCRIBED POLIC	IES BE CA	ANCELL	ED BEFORE		
Oakview Middle School 917 Lake George Rd.						EREOF, NOTICE Y PROVISIONS.	WILL E	E DEL	IVERED IN
Oakland Twp MI 48363			^~	CUDANCE MI	III IHE POLIC	T PROVISIONS.			
			AUTHO	RIZED REPRESE	NTATIVE				
			Gary D. Patterson						

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DATE (MM/DD/YYYY) 9/9/2021

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lf	SUB	ROGATION IS W	/AIVED, subject	to th	ne tei	ITTIONAL INSURED, the prime and conditions of the ifficate holder in lieu of su	e polic	y, certain po	olicies may				
_		R USI Insuranc				mouto notadi in noa di de	CONTAC NAME:		<u>,. </u>				
			treet. Suite 10				PHONE (A/C, No	- 0 (206-441-6300	,	FAX		
		Seattle, WA	98101				E-MAIL ADDRES	SS: 2	200-441-0300		(A/C, No):		
								INS	URER(S) AFFOR	RDING COVERAGE			NAIC#
							INSURE	RA: Everest	National Insu	rance Company			10120
INSU		Q					INSURE	кв: QBE Ins	surance Corp	oration			39217
M	IChi	gan State Youtl General Drive,	h Soccer Asso	ociat	tion		INSURE	RC:					
Pi	tu i Ivma	outh MI 48170	Suite 120				INSURE	RD:					
	,						INSURE	RE:					
							INSURE	RF:					
CO	VER	AGES	CER	TIFIC	CATE	NUMBER: 63796504				REVISION NUM	IBER:		
IN CE E>	DICA ERTIF	TED. NOTWITHST	TANDING ANY RE SSUED OR MAY I	QUIR PERT POLIC	REME AIN, CIES.	RANCE LISTED BELOW HAY NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF ANY	Y CONTRACT THE POLICIE: REDUCED BY I	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH D HEREIN IS SUE	RESPE	CT TO	WHICH THIS
INSR LTR		TYPE OF INSU	RANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
Α	1	COMMERCIAL GENER	RAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENC		\$\$1,00	00,000
		CLAIMS-MADE	✓ OCCUR							DAMAGE TO RENTE PREMISES (Ea occu		\$\$300	,000
										MED EXP (Any one p	person)	\$ Exclu	uded
										PERSONAL & ADV II	NJURY	\$\$1,00	00,000
	GEN	L'L AGGREGATE LIMIT	APPLIES PER:							GENERAL AGGREG	ATE	\$\$5,00	00,000
		POLICY PRO- JECT	LOC							PRODUCTS - COMP	OP AGG	\$\$1,00	00,000
		OTHER:								Participant Lega	l Liabi	\$\$1,00	00,000
Α	AUT	OMOBILE LIABILITY				SI8GL01851-211		9/1/2021	9/1/2022	COMBINED SINGLE (Ea accident)	LIMIT	\$\$1,00	00,000
		ANY AUTO								BODILY INJURY (Pe	r person)	\$	
		OWNED AUTOS ONLY	SCHEDULED AUTOS							BODILY INJURY (Pe	r accident)	\$	
	/	HIRED AUTOS ONLY	NON-OWNED							PROPERTY DAMAG (Per accident)	E	\$	
		7.0.00 0.1.2.	7.6.00 0.12.							, , , , , , , , , , , , , , , , , , , ,		\$	
		UMBRELLA LIAB	✓ OCCUR			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURRENC	E	\$\$5.00	00.000
	1	EXCESS LIAB	CLAIMS-MADE							AGGREGATE		\$\$5.00	00,000
		DED RETENTION	ON \$									\$	
		KERS COMPENSATION	1							PER STATUTE	OTH- ER		
	ANYP	EMPLOYERS' LIABILIT PROPRIETOR/PARTNER	E/EXECUTIVE TIN							E.L. EACH ACCIDEN	_	\$	
	OFFIC (Man	CER/MEMBEREXCLUDE datory in NH)	ED?	N/A						E.L. DISEASE - EA E			
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POL		\$					
В				9/1/2021	9/1/2022	\$100,000		-					
DESC	CRIPTI	ION OF OPERATIONS /	LOCATIONS / VEHICI	LES (A	CORD	101, Additional Remarks Schedul	le, may be	attached if more	e space is requir	ed)			

This certificate is issued on behalf of Michigan State Youth Soccer Association & Michigan Youth Soccer League 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
Old Saline High School Soccer Fields 290 Woodland Dr Saline MI 48176	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)

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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 lieu of such endorsement(s).								
PRODUCER USI Insurance Services NW	CONTACT NAME:							
601 Union Street, Suite 1000	PHONE (A/C, No, Ext): 206-441-6300 (A/C, No):							
Seattle, WA 98101	E-MAIL ADDRESS:							
	INSURER(S) AFFORDING COVERAGE	NAIC#						
	INSURER A: Everest National Insurance Company	10120						
INSURED	INSURER B: QBE Insurance Corporation	39217						
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:							
Plymouth MI 48170	INSURER D:							
	INSURER E :							
	INSURER F:							
COVERAGES CERTIFICATE NUMBER: 63796505	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. POLICY EFF POLICY EXP (MM/DD/YYYY) INSR LTR ADDL SUBR TYPE OF INSURANCE POLICY NUMBER LIMITS INSD WVD **COMMERCIAL GENERAL LIABILITY** Α SI8GL01851-211 9/1/2021 9/1/2022 EACH OCCURRENCE DAMAGE TO RENTED \$\$1,000,000 CLAIMS-MADE / OCCUR \$\$300,000 PREMISES (Ea occurrence) MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$\$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$\$5,000,000 PRO-JECT POLICY LOC PRODUCTS - COMP/OP AGG \$\$1,000,000 \$\$1,000,000 OTHER: Participant Legal Liabi COMBINED SINGLE LIMIT (Ea accident) Α **AUTOMOBILE LIABILITY** SI8GL01851-211 9/1/2021 9/1/2022 \$\$1,000,000 ANY AUTO BODILY INJURY (Per person) SCHEDULED AUTOS NON-OWNED OWNED AUTOS ONLY HIRED **BODILY INJURY (Per accident)** \$ PROPERTY DAMAGE (Per accident) \$ AUTOS ONLY **AUTOS ONLY** UMBRELLA LIAB SI8EX01724-211 9/1/2021 9/1/2022 / OCCUR EACH OCCURRENCE \$\$5,000,000 **EXCESS LIAB** CLAIMS-MADE **AGGREGATE** \$\$5,000,000 DED RETENTION \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? 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 UBH000005 9/1/2021 9/1/2022 Participant Accident Medical \$100,000

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

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CERTIFICATE HOLDER	CANCELLATION
ORCHARD COMMUNITY CHURCH - Fields 74903 MCKAY ROAD BRUCE TWP MI 48065	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 AUTHORIZED REPRESENTATIVE Gary Patterson



DATE (MM/DD/YYYY) 9/9/2021

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		plect to the terms and conditions of translated the certificate holder in lieu of s		an endorsement. A st	atement on
PRODU	UCER USI Insurance Service	es NW	CONTACT NAME:		
	601 Union Street, Suit	te 1000	PHONE (A/C, No, Ext): 206-441-6300	FAX (A/C, No):	
	Seattle, WA 98101		E-MAIL ADDRESS:		
			INSURER(S) AFFORDING CO	VERAGE	NAIC#
			INSURER A: Everest National Insurance (Company	10120
INSUR		A i - ti	INSURER B: QBE Insurance Corporation		39217
V 0 9 <u>4</u> 1	chigan State Youth Soccer 01 General Drive, Suite 12	ASSOCIATION O	INSURER C :		
	mouth MI 48170		INSURER D :		
			INSURER E :		
			INSURER F:		
COV	ERAGES	CERTIFICATE NUMBER: 63796506	REVIS	ION NUMBER:	
		LICIES OF INSURANCE LISTED BELOW HA			
		NY REQUIREMENT, TERM OR CONDITION MAY PERTAIN, THE INSURANCE AFFORD			
	CLUSIONS AND CONDITIONS OF S	SUCH POLICIES. LIMITS SHOWN MAY HAVE			,
INSR I TR	TYPE OF INSURANCE	ADDL SUBR INSD WVD POLICY NUMBER	POLICY EFF POLICY EXP	LIMITS	

INSR LTR	R TYPE OF INSURANCE			SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
								MED EXP (Any one person)	\$ Excluded
								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	AUT	OMOBILE LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	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			SI8EX01724-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,000,000
	✓ EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$\$5,000,000
		DED RETENTION \$							\$
		KERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
		PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Man	datory in NH)						E.L. DISEASE - EA EMPLOYEE	\$
	DES(, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Part	icipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000	

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

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CERTIFICATE HOLDER	CANCELLATION				
Orion Oaks Elementary School 590 Pine Tree Rd. Lake Orion MI 48362	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 Fatterson				



DATE (MM/DD/YYYY)

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unis cerunicate does not conier	rights to the certificate holder in hed of si	uch endorseme	π(s).		
PRODUCER USI Insurance Servi	ces NW	CONTACT NAME:			
601 Union Street, St	uite 1000	PHONE (A/C, No, Ext):	206-441-6300	FAX (A/C, No):	
Seattle, WA 98101		E-MAIL ADDRESS:			
			INSURER(S) AFFORDING CO	VERAGE	NAIC#
		INSURER A: Eve	rest National Insurance C	Company	10120
INSURED		INSURER B: QBE	39217		
Michigan State Youth Socce 9401 General Drive, Suite 1	er Association 20	INSURER C :			
Plymouth MI 48170	20	INSURER D :			
-		INSURER E :			
		INSURER F:			
COVERAGES	CERTIFICATE NUMBER: 63796507		REVISI	ON 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 EXP								
LTR	TYPE OF INSURANCE	INSD \	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
Α	CLAIMS-MADE OCCUR			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,000,000 \$\$300.000
							MED EXP (Any one person)	\$ Excluded
							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			SI8GL01851-211	9/1/2021	9/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
	ANY AUTO						BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	✓ HIRED AUTOS ONLY ✓ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB ✓ OCCUR			SI8EX01724-211	9/1/2021	9/1/2022	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 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	Participant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000	

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 & Michigan Youth Soccer League 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
OUR LADY QUEEN OF MARTYRS CHURCH 32460 PIERCE STREET BEVERLY HILLS MI 48025	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) 9/9/2021

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.

If the certificate holder is an ADDITIONAL INSURED, the notice/(as) must have ADDITIONAL INSURED provisions or be endorsed

lf :	SUBROGATION IS WAIVED, subject s certificate does not confer rights to	to the te	rms and conditions of th	ne polic	y, certain po	olicies may	•				
PROD	USI Insurance Services N	N		CONTACT NAME:							
	601 Union Street, Suite 10			PHONE (A/C. No	o. Ext): 2	206-441-6300)	FAX (A/C. No):			
	Seattle, WA 98101			E-MAIL ADDRESS:							
					NAIC#						
				INSURER A: Everest National Insurance Company					10120		
INSU				INSURE	39217						
IVI Q/	chigan State Youth Soccer Asso 01 General Drive, Suite 120	ociation		INSURER C:							
PI	ymouth MI 48170			INSURE	RD:						
	•			INSURE	RE:						
				INSURE	RF:						
COV	ERAGES CER	TIFICATE	NUMBER: 63796508	REVISION NUMBER:							
INI CE	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 SUBR INSD WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS			
Α	✓ COMMERCIAL GENERAL LIABILITY		SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENC		,000,000		
	CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTE PREMISES (Ea occur		300,000		
							MED EXP (Any one p	erson) \$Ex	cluded		
							PERSONAL & ADV IN	NJURY \$\$1	.000,000		

LIK		THEOFINOOIDANOL	INSD	WVD	POLICT NUMBER	(IVIIVI/DD/TTTT)	(IVIIVI/DD/TTTT)	LIMIT	<u> </u>
Α	/	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
								MED EXP (Any one person)	\$ Excluded
								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	AUT	OMOBILE LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	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			SI8EX01724-211	9/1/2021	9/1/2022	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 T N	N/A					E.L. EACH ACCIDENT	\$
	OFFICER/MEMBEREXCLUDED? (Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Par	ticipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000	

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 & Michigan Youth Soccer League 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
Paint Creek Elementary School 2800 Indianwood Rd. Orion Twp MI 48362	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 HAS STATEMENT AND THE
	Gary Patterson



DATE (MM/DD/YYYY) 9/9/2021

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.

the nolicy/ies) must have ADDITIONAL INSURED provisions or be endorsed

lf	SUBROGATION IS WAIVED, subject sometimes of the subject of the sub	t to th	ne te	rms and conditions of th	ne polic uch end	y, certain po dorsement(s	olicies may ı	•			
PROD	USI Insurance Services N	IW			CONTACT NAME:						
	601 Union Street, Suite 1				PHONE (A/C, No, Ext): 206-441-6300 FAX (A/C, No):						
	Seattle, WA 98101				E-MAIL ADDRES	,			, , ,		
						INS	URER(S) AFFOR	DING COVERAGE			NAIC#
					INSURER A: Everest National Insurance Company						10120
INSU			INSURE	кв: QBE Ins	surance Corp	oration			39217		
M Q∠	chigan State Youth Soccer Ass 01 General Drive, Suite 120		INSURER C :								
ΡΙ	ymouth MI 48170		INSURER D :								
	•				INSURE	RE:					
					INSURE	RF:					
CO	ERAGES CEI	RTIFIC	CATE	NUMBER: 63796509				REVISION NUM	IBER:		
IN Ce	IS IS TO CERTIFY THAT THE POLICIE DICATED. NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT	REME AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY	Y CONTRACT THE POLICIE	OR OTHER I	OCUMENT WITH	RESPEC	T TO V	VHICH THIS
INSR LTR	TYPE OF INSURANCE		SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP		LIMITS	i	
Α	✓ COMMERCIAL GENERAL LIABILITY	INOD	****	SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENC		\$\$1,00	0,000
	CLAIMS-MADE ✓ OCCUR							DAMAGE TO RENTE PREMISES (Ea occu	rrence)	\$\$300,	000
								MED EXP (Any one p	person)	\$ Exclu	ded
								PERSONAL & ADV I	NJURY S	\$\$1,00	0,000
	GEN'I ACCRECATE I IMIT APPLIES PED:							GENERAL AGGREG	ATE G	s \$5 00	0.000

PRO-JECT POLICY LOC PRODUCTS - COMP/OP AGG \$\$1,000,000 \$\$1,000,000 OTHER: Participant Legal Liabi COMBINED SINGLE LIMIT (Ea accident) **AUTOMOBILE LIABILITY** SI8GL01851-211 9/1/2021 9/1/2022 \$\$1,000,000 ANY AUTO BODILY INJURY (Per person) OWNED AUTOS ONLY HIRED SCHEDULED AUTOS NON-OWNED BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTOS ONLY **AUTOS ONLY** UMBRELLA LIAB SI8EX01724-211 9/1/2021 9/1/2022 / OCCUR EACH OCCURRENCE \$\$5,000,000 **EXCESS LIAB** CLAIMS-MADE AGGREGATE \$\$5,000,000 DED RETENTION \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? 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 UBH000005 9/1/2021 9/1/2022 Participant Accident Medical \$100,000

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

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CERTIFICATE HOLDER	CANCELLATION
Paul A Schalm Elementary 940 N SELFRIDGE Clawson MI 48017	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) 9/9/2021

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

	SUBROGATION IS WAIVED, subject is certificate does not confer rights t							require an endorsement	. A st	atement on	
_	DUCER USI Insurance Services N			moute notaer in nea or se	CONTACT						
	601 Union Street, Suite 10				NAME: PHONE		000 444 6000	FAX			
	Seattle, WA 98101				(A/C, No E-MAIL	,	06-441-6300	(A/C, No):			
					ADDRESS:						
					INSURER(S) AFFORDING COVERAGE NAIC						
INSU	DED				INSURER A: Everest National Insurance Company 10120						
M	ichigan State Youth Soccer Asso	ocia	tion		INSURER B: QBE Insurance Corporation 39217						
9,	401 General Drive, Suite 120				INSURER D:						
۲	lymouth MI 48170				INSURER D :						
					INSURER E: INSURER F:						
CO	VERAGES CER	TIFIC	CATE	NUMBER: 63796510	INSUKL	KT.		REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAINDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORI EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVI						CONTRACT THE POLICIES	OR OTHER I	DOCUMENT WITH RESPEC	CT TO V	WHICH THIS	
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
Α	✓ COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,00	00,000	
	CLAIMS-MADE ✓ OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300	,000	
								MED EXP (Any one person)	\$ Exclu	ıded	
						PERSONAL & ADV INJURY	\$\$1,00	00,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$\$5,00	00,000		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$\$1,00	00,000	
	OTHER:							Participant Legal Liabi	\$\$1,00	00,000	
Α	AUTOMOBILE LIABILITY					9/1/2021	9/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,00	00,000	
	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			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,00	00,000	
	✓ EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$\$5,00	00,000	
	DED RETENTION \$								\$		
	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	\$		
	Participant Accident Medical			UBH000005			9/1/2022	\$100,000			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	ES (A	CORD	101, Additional Remarks Schedu	e, may be	attached if more	space is require	ea)			
Ce	s certificate is issued on behalf of Mich rtificate holder is Additional Insured as r he state association. Waiver of Subroga	espe	cts the	e operations of the Named	Insured	d for sanction					
CE	RTIFICATE HOLDER		CANC	ELLATION							
P. 9:	embroke Elementary 55 ETON DRIVE oy MI 48084				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.						
					AUTHOR	RIZED REPRESEN	NTATIVE				

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Gary D. Putterson



DATE (MM/DD/YYYY) 9/9/2021

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

	SUBROGATION IS WAIVED, subject is certificate does not confer rights to							equire an endorsement	. A sta	atement on	
_	DUCER USI Insurance Services N		. 00111	noute notaer in nea or se	CONTAC		•				
	601 Union Street, Suite 10				PHONE	2	06-441-6300	FAX			
	Seattle, WA 98101				(A/C, No	,	.00-441-0500	(A/C, No):			
					ÄDDRESS: INSURER(S) AFFORDING COVERAGE NAI					NAIC#	
INSU	RED										
М	ichigan State Youth Soccer Asso	ociat	tion		INSURE		urance Corpo	oration		39217	
94	401 General Drive, Suite 120 lymouth MI 48170				INSURE						
	iyinodin wi 40170				INSURER E :						
					INSURER E : INSURER F :						
CO	VERAGES CER	TIFIC	CATE	NUMBER: 63796511				REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW H. INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFOR EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAV INSR ADDL SUBR						CONTRACT THE POLICIES	OR OTHER DESCRIBED	OCUMENT WITH RESPEC	CT TO \	WHICH THIS	
LTR	TYPE OF INSURANCE		WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S		
Α	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE DAMAGE TO RENTED	\$\$1,00	00,000	
	CLAIMS-MADE ✓ OCCUR							PREMISES (Ea occurrence)	\$\$300	<i></i>	
								MED EXP (Any one person)	\$ Exclu		
						PERSONAL & ADV INJURY	\$\$1,00	,			
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$\$5,00	,	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$\$1,00		
Α	OTHER: AUTOMOBILE LIABILITY SI8GL01851-211					9/1/2021	9/1/2022	Participant Legal Liabi COMBINED SINGLE LIMIT	\$\$1,00		
^	ANY AUTO			310GL01031-211	0/1/2021	JI II ZOZZ	(Ea accident) BODILY INJURY (Per person)	\$\$1,00 \$	00,000		
	OWNED SCHEDULED						BODILY INJURY (Per accident)	\$			
	AUTOS ONLY AUTOS NON-OWNED	_ AUTOS ONLY AUTOS						PROPERTY DAMAGE	\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
	UMBRELLA LIAB / OCCUP			SI8EX01724-211	9/1/2021	9/1/2022	EAGU GOOURDENOS		20.000		
	/ EXOCOLUED			0.02701721211		0/1/2021	0/1/2022	EACH OCCURRENCE	\$\$5,00		
	CLAIWS-IWADL							AGGREGATE	\$\$5,00	00,000	
	DED RETENTION \$ WORKERS COMPENSATION							PER OTH- STATUTE ER	\$		
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE Y / N							E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBEREXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	-		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
В	Participant Accident Medical			UBH000005		9/1/2021	9/1/2022	\$100,000	Ψ		
	·										
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	.ES (A	ACORD	101, Additional Remarks Schedul	ie, may be	attached if more	space is require	ea)			
Ce	s certificate is issued on behalf of Michi rtificate holder is Additional Insured as ru the state association. Waiver of Subroga	espe	cts the	e operations of the Named	Insured	d for sanction					
CF	RTIFICATE HOLDER				CANO	ELLATION					
JLI	THE POLICE TO LOCAL				SANG	LLLAHON					
20	embroke Park 001 Buckingham Ave irmingham MI 48009				THE	EXPIRATION	DATE THE	ESCRIBED POLICIES BE CA REOF, NOTICE WILL E Y PROVISIONS.			
	-				AUTHOR	RIZED REPRESEN	ITATIVE				

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Gary D. Putterson



DATE (MM/DD/YYYY) 9/9/2021

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lf	SUE	ROGATION IS	WA	IVED, subject	to th	ie tei	DITIONAL INSURED, the property and conditions of the ificate holder in lieu of su	e polic uch end	cy, certain po dorsement(s	olicies may				
PRO	DUCE	R USI Insuran	nce	Services N	W			CONTAC NAME:	СТ					
		601 Union S	Str	eet, Suite 10				PHONE (A/C, No) Ext): 2	206-441-6300	FAX (A/C	(;, No):		
		Seattle, WA	98	3101				E-MAIL ADDRES			, ,,,,,	, 110/.		
										SURER(S) AFFOR	RDING COVERAGE		NAIC#	
								INSURE	RA: Everest	National Insu	rance Company		10120	
INSU		Ot-t- V	.11.	0 4	:			INSURE	39217					
IVI Q ₂	Michigan State Youth Soccer Association 9401 General Drive, Suite 120							INSURER C:						
P	lymo	outh MI 4817	Ö,	Juito 120				INSURER D:						
	•							INSURE						
								INSURE						
CO	VER	AGES		CER	TIFIC	ATE	NUMBER: 63796512				REVISION NUMBE	R:		
IN CI E)	DICA ERTII	ATED. NOTWITHS FICATE MAY BE	STA ISS	NDING ANY REUED OR MAY	EQUIR PERT POLIC	EMEI AIN, CIES.	RANCE LISTED BELOW HA\ NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF ANY	Y CONTRACT THE POLICIES REDUCED BY I	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RE D HEREIN IS SUBJEC	ESPECT TO	WHICH THIS	
INSR LTR		TYPE OF INS	URA	ANCE	ADDL INSD		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS		
Α	1	COMMERCIAL GENE	ERA	L LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1	000,000	
		CLAIMS-MADE		OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence	ce) \$\$3	00,000	
											MED EXP (Any one perso	on) \$Ex	cluded	
									PERSONAL & ADV INJUR	RY \$\$1	000,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:									GENERAL AGGREGATE	\$\$5	000,000		
		POLICY PRO-		LOC							PRODUCTS - COMP/OP	AGG \$\$1	000,000	
		OTHER:									Participant Legal Lia		000,000	
Α	AUT	OMOBILE LIABILITY					SI8GL01851-211		9/1/2021	9/1/2022	COMBINED SINGLE LIMI (Ea accident)	^{\$} \$1	000,000	
		ANY AUTO									BODILY INJURY (Per per	rson) \$		
		OWNED AUTOS ONLY		SCHEDULED AUTOS							BODILY INJURY (Per acc	cident) \$		
	1	HIRED AUTOS ONLY		NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
												\$		
		UMBRELLA LIAB		OCCUR			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5	000,000	
	1	EXCESS LIAB		CLAIMS-MADE							AGGREGATE	\$\$5	000,000	
		DED RETEN	TIOI	N\$								\$		
		KERS COMPENSATION									PER O STATUTE E	TH- R		
	ANYF	PROPRIETOR/PARTNE	ER/E		N / A						E.L. EACH ACCIDENT	\$		
OFFICER/MEMBER EXCLUDED? N / A (Mandatory in NH)										E.L. DISEASE - EA EMPL	OYEE \$			
If yes, describe under DESCRIPTION OF OPERATIONS below											E.L. DISEASE - POLICY L	LIMIT \$	_	
В		icipant Accident I					UBH000005		9/1/2021	9/1/2022	\$100,000	•		
DES	CRIPT	ION OF OPERATIONS	S/LC	OCATIONS / VEHICI	LES (A	CORD	101, Additional Remarks Schedul	le, may bo	e attached if more	e space is requir	ed)			
Thi	s ce	rtificate is issued	on	behalf of Mich	igan (State	Youth Soccer Association	& Michi	gan Youth So	ccer League				

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.

Pembroke Park City of Birmingham 2300 E. Lincoln 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
Diversionale and MI 40000	City of Birmingham 2300 E. Lincoln	THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN
Birmingham MI 48009	Diffilingfiam wi 46009	
Gary D. Patterson		Gary D. Putterson
Gary Patterson		



DATE (MM/DD/YYYY) 9/9/2021

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 this certificate does not confer rights to the certificate holder in lieu of s						the policy, certain policies may require an endorsement. A statement on such endorsement(s).						
PRODUCER USI Insurance Services NW						CONTACT NAME:						
	601 Union Street, Suite 10				PHONE (A/C, No, Ext): 206-441-6300 (A/C, No):							
	Seattle, WA 98101				(A/C, No, Ext): 200-441-0300 (A/C, No): E-MAIL ADDRESS:							
					INSURER(S) AFFORDING COVERAGE							
INSU	DED.				INSURER A: Everest National Insurance Company 101:							
	ichigan State Youth Soccer Ass	ocia	tion		INSURER B: QBE Insurance Corporation 3921							
94	101 General Drive, Suite 120				INSURE							
P	ymouth MI 48170				INSURE							
				INSURE	RE:							
L					INSURE	RF:						
				NUMBER: 63796513	·=			REVISION NUMBER:	.=			
IN CI EX	IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY (CLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT POLI	REME AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF ANY	CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPECT TO	TO Y	WHICH THIS		
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	S			
Α	✓ COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE DAMAGE TO RENTED	\$\$1,00	,		
	CLAIMS-MADE ✓ OCCUR							PREMISES (Ea occurrence)	\$\$300			
								MED EXP (Any one person)	\$ Excluded			
								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	\$\$1,00			
	OTHER:			SI8GL01851-211		9/1/2021	0/1/0000	Participant Legal Liabi COMBINED SINGLE LIMIT	\$\$1,00			
A	AUTOMOBILE LIABILITY ANY AUTO			516GLU1651-211		9/1/2021	9/1/2022	(Ea accident)	\$\$1,00)0,000		
	OWNED SCHEDULED							BODILY INJURY (Per person)	\$			
	AUTOS ONLY AUTOS NON-OWNED							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$			
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$			
	IMPREM A MAR			CIOEV01704 011		0/1/0001	0/1/0000		\$			
	UMBRELLA LIAB / OCCUR			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$ \$5,00			
	CLAIMS-MADE							AGGREGATE	\$ \$5,00	00,000		
	DED RETENTION \$ WORKERS COMPENSATION	-						PER OTH-	\$			
	AND EMPLOYERS' LIABILITY Y / N							PER OTH- STATUTE ER				
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$			
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE				
В	DÉSCRIPTION OF OPERATIONS below Participant Accident Medical			UBH000005		9/1/2021	9/1/2022	E.L. DISEASE - POLICY LIMIT \$100,000	\$			
	Farticipant Accident Medical			OBH000005		9/1/2021	9/1/2022	\$100,000				
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORE	101, Additional Remarks Schedu	ie, may be	attached if more	e space is require	ea)				
	s certificate is issued on behalf of Mich											
Certificate holder is Additional Insured as respects the operations of the Named Insu of the state association. Waiver of Subrogation applies when required by written con					Insure contra	d for sanction ct	ed activities					
To the state association. Walver of oublogation applies when required by written co					1 0011110							
<u> </u>												
CEI	RTIFICATE HOLDER			-	CANO	ELLATION						
PERRY PARK 301 EDISON STREET					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
PONTIAC MI 48342												

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Gary D. Putterson

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 confer rights to the certificate holder in lieu of such endorsement(s).							
PRODUCER USI Insurance Service	es NW	CONTACT NAME:					
601 Union Street, Su	ite 1000	PHONE (A/C, No, Ext):	206-441-6300	FAX (A/C, No):			
Seattle, WA 98101		E-MAIL ADDRESS:					
			GE	NAIC#			
		INSURER A: Eve	any	10120			
INSURED OLD A NO. 11. O. 11. O	A	INSURER B: QB		39217			
Michigan State Youth Soccer 9401 General Drive, Suite 12	Association On	INSURER C:					
Plymouth MI 48170	-0	INSURER D :					
•		INSURER E :					
		INSURER F:					
COVERAGES	CERTIFICATE NUMBER: 63796514		REVISION	NUMBER:			
THE IS TO CEPTIEV THAT THE POLICIES OF INCLIDANCE LISTED BELOW HAVE BEEN ISSUED TO THE INCLIDED NAMED ABOVE FOR THE POLICY PEDIOD							

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 SUBF		POLICY EFF POLICY EXP		LIMITS	LIMITS		
A	✓ COMMERCIAL GENERAL LIABILITY CLAIMS-MADE ✓ OCCUR		SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,000,000 \$\$300,000		
						MED EXP (Any one person)	\$ Excluded		
						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		SI8GL01851-211	9/1/2021	9/1/2022	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		SI8EX01724-211	9/1/2021	9/1/2022	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	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	Participant Accident Medical		UBH000005	9/1/2021	9/1/2022	\$100,000			

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 & Michigan Youth Soccer League 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
PETOSKEY RIVER ROAD SOCCER COMPLEX 2210 RIVER ROAD PETOSKEY MI 49770	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. Pallerson
	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 nolicy(les) 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).												
_		R USI Insuranc					CONTA NAME:		·/-				
		601 Union St	reet. Suite 10	000			PHONE		206 441 6200	1	FAX		
		Seattle, WA					PHONE (A/C, No, Ext): 206-441-6300 FAX (A/C, No): E-MAIL ADDRESS:						
							INSURER(S) AFFORDING COVERAGE NAIC #						
													10120
	INSURED						INSURER B: QBE Insurance Corporation 39217						
	Michigan State Youth Soccer Association 9401 General Drive, Suite 120						INSURER C :						
Ιĕ	lym	outh MI 48170	Juile 120				INSURE	R D :					
	•						INSURE	RE:					
							INSURE	RF:					
		AGES				NUMBER: 63796515				REVISION NU			
IN C E	IDIC <i>I</i> ERTI XCLL	ATED. NOTWITHST FICATE MAY BE IS	TANDING ANY RE SSUED OR MAY	EQUIF PERT POLI	REME FAIN, CIES.	RANCE LISTED BELOW HA'NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WIT D HEREIN IS SU	H RESPE	CT TO	WHICH THIS
INSR LTR		TYPE OF INSUI	RANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
Α	1	COMMERCIAL GENER	AL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURREN		\$\$1,00	00,000
		CLAIMS-MADE	✓ OCCUR							DAMAGE TO REN PREMISES (Ea occ	TED currence)	\$\$300	,000
										MED EXP (Any one	one person) \$ Excluded		
										PERSONAL & ADV	INJURY	\$\$1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE	GATE	\$\$5,00	00,000		
	POLICY PRO- JECT LOC						PRODUCTS - COM	IP/OP AGG	\$\$1,00	00,000			
		OTHER:								Participant Leg	al Liabi	\$\$1,00	•
Α	A AUTOMOBILE LIABILITY					SI8GL01851-211	9/1/2021	9/1/2022	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000			00,000	
		ANY AUTO OWNED	SCHEDULED							BODILY INJURY (F		\$	
		AUTOS ONLY HIRED	AUTOS NON-OWNED							BODILY INJURY (F		\$	
	✓	AUTOS ONLY	AUTOS ONLY							PROPERTY DAMA (Per accident)	GL	\$	
		UMBRELLA LIAB				SI8EX01724-211		9/1/2021	9/1/2022			\$	
	1	EXCESS LIAB	✓ OCCUR			SIOLX01724-211		3/1/2021	3/1/2022	EACH OCCURREN	ICE		00,000
			CLAIMS-MADE							AGGREGATE		\$\$5,00	00,000
	WOF	DED RETENTION								PER STATUTE	OTH- ER	\$	
		EMPLOYERS' LIABILIT' PROPRIETOR/PARTNER								E.L. EACH ACCIDE		\$	
	OFFI	ICER/MEMBER EXCLUDE	D?	N/A						E.L. DISEASE - EA			
	If yes	s, describe under	ONS below							E.L. DISEASE - PO			
В		DÉSCRIPTION OF OPERATIONS below Participant Accident Medical UBH000005		UBH000005		9/1/2021	9/1/2022	\$100,000	2.01 2	· ·			
DES	CRIPT	TION OF OPERATIONS /	LOCATIONS / VEHIC	LES (ACORE	0 101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requir	ed)			
\mid Th	is ce	rtificate is issued o	n behalf of Mich	igan	State	Youth Soccer Association	& Michi	gan Youth Sc	occer League				
This certificate is issued on behalf of Michigan State Youth Soccer Association & Certificate holder is Additional Insured as respects the operations of the Named						l Insure	ď for sanctior	ned activities					
of the state association. Waiver of Subrogation applies when required by written						n contra	ict.						
CE	RTIF	ICATE HOLDER					CANO	ELLATION					-
Pierce Middle School 5145 Hatchery Road Waterford MI 48329					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.								
					ALITHODIZED DEDDESENTATIVE								

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Gary D. Putterson



DATE (MM/DD/YYYY) 9/9/2021

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the nolicy/ies) must have ADDITIONAL INSURED provisions or be endorsed

If S	SUBROGATION IS WAIVED, subjects certificate does not confer rights to	to th	e tei	rms and conditions of th	ne polic uch end	y, certain po dorsement(s	olicies may ı	•				
PRODUCER USI Insurance Services NW						CONTACT NAME:						
	601 Union Street, Suite 10	PHONE (A/C. No	o. Ext): 2	206-441-6300	1	FAX (A/C, No):						
Seattle, WA 98101						SS:						
			INS	URER(S) AFFOR	DING COVERAGE			NAIC#				
					INSURE	RA: Everest	National Insu	rance Company			10120	
INSUR					INSURE	кв: QBE Ins	surance Corp	oration			39217	
IVII	chigan State Youth Soccer Ass 01 General Drive, Suite 120	ociat	ion		INSURE	RC:						
PI	Plymouth MI 48170				INSURER D:							
,					INSURER E :							
			INSURER F:									
COVERAGES CERTIFICATE NUMBER: 63796516						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.							WHICH THIS					
INSR LTR	TYPE OF INSURANCE	ADDL INSD		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	3		
Α	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENC		\$\$1,00	00,000	
	CLAIMS-MADE ✓ OCCUR							DAMAGE TO RENTE PREMISES (Ea occu	∃D urrence)	\$\$300,	,000	
								MED EXP (Any one	person)	\$ Exclu	ıded	
								PERSONAL & ADV I	NJURY	\$\$1,00	00,000	
	GEN'I AGGREGATE I IMIT APPLIES PER:							GENERAL AGGREG	ATE	s \$5 00	000 000	

PRO-JECT POLICY LOC PRODUCTS - COMP/OP AGG \$\$1,000,000 \$\$1,000,000 OTHER: Participant Legal Liabi COMBINED SINGLE LIMIT (Ea accident) **AUTOMOBILE LIABILITY** SI8GL01851-211 9/1/2021 9/1/2022 \$\$1,000,000 ANY AUTO BODILY INJURY (Per person) OWNED AUTOS ONLY HIRED SCHEDULED AUTOS NON-OWNED BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTOS ONLY **AUTOS ONLY** UMBRELLA LIAB SI8EX01724-211 9/1/2021 9/1/2022 / OCCUR EACH OCCURRENCE \$\$5,000,000 **EXCESS LIAB** CLAIMS-MADE AGGREGATE \$\$5,000,000 DED RETENTION \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? 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 UBH000005 9/1/2021 9/1/2022 Participant Accident Medical \$100,000

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 & Michigan Youth Soccer League 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
Pine Tree Elementary School 590 Pine Tree Rd. Lake Orion MI 48362	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
	dary Fatterson



DATE (MM/DD/YYYY) 9/9/2021

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the nolicy/ies) must have ADDITIONAL INSURED provisions or be endorsed

If	SUBROGATION IS WAIVED, subjecting subjections of su	t to th	ne tei	rms and conditions of th	ne polic uch end	cy, certain po dorsement(s	olicies may	•			
PROD	UCER USI Insurance Services N	IW			CONTAC NAME:	СТ					
	601 Union Street, Suite 1		PHONE (A/C, No	o. Ext): 2	206-441-6300)	FAX (A/C, No):				
	Seattle, WA 98101				E-MAIL ADDRES				, , ,		
						INS	SURER(S) AFFOR	DING COVERAGE			NAIC#
					INSURE	RA: Everest	National Insu	rance Company			10120
INSU					INSURE	кв: QBE Ins	surance Corp	oration			39217
l IVI Q∠	chigan State Youth Soccer Ass 01 General Drive, Suite 120	ocia	ion		INSURE	RC:					
Plymouth MI 48170					INSURER D:						
	•				INSURER E:						
					INSURE	RF:					
COV	'ERAGES CEF	RTIFIC	CATE	NUMBER: 63796517				REVISION NUM	/IBER:		
IN CE	IS IS TO CERTIFY THAT THE POLICIE: DICATED. NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT	REME AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY	Y CONTRACT THE POLICIE	OR OTHER I	DOCUMENT WITH	RESPEC	CT TO V	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL				POLICY EFF (MM/DD/YYYY)	POLICY EXP		LIMITS	 S	
A	✓ COMMERCIAL GENERAL LIABILITY	INSD	WVD	SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENC	DE .	\$\$1.00	00 000
	CLAIMS-MADE ✓ OCCUR							DAMAGE TO RENTI PREMISES (Ea occu	ED	\$\$300	,
								MED EXP (Any one	person)	\$ Exclu	ıded
								PERSONAL & ADV I	NJURY	\$\$1,00	00,000
	GEN'I AGGREGATE I IMIT APPLIES PER:							GENERAL AGGREG	SATE	s \$5 00	000

PRO-JECT POLICY LOC PRODUCTS - COMP/OP AGG \$\$1,000,000 \$\$1,000,000 OTHER: Participant Legal Liabi COMBINED SINGLE LIMIT (Ea accident) **AUTOMOBILE LIABILITY** SI8GL01851-211 9/1/2021 9/1/2022 \$\$1,000,000 ANY AUTO BODILY INJURY (Per person) OWNED AUTOS ONLY HIRED SCHEDULED AUTOS NON-OWNED BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTOS ONLY **AUTOS ONLY** UMBRELLA LIAB SI8EX01724-211 9/1/2021 9/1/2022 / OCCUR EACH OCCURRENCE \$\$5,000,000 **EXCESS LIAB** CLAIMS-MADE AGGREGATE \$\$5,000,000 DED RETENTION \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? 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 UBH000005 9/1/2021 9/1/2022 Participant Accident Medical \$100,000

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 & Michigan Youth Soccer League 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 ###################################
PLYMOUTH CHRISTIAN ACADEMY 43065 Joy Road Canton MI 48187	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) 9/9/2021

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

	SUBROGATION IS WAIVED, subjec					•	require an endo	rsement	t. A statement on	1
th	is certificate does not confer rights	to the cert	ificate holder in lieu of su).				
PRO	DUCER USI Insurance Services N	IW		CONTACT NAME:						
	601 Union Street, Suite 1	PHONE (A/C, No, Ext): 206-441-6300 (A/C, No):								
	Seattle, WA 98101			É-MAIL ADDRESS	3:					
					INS	URER(S) AFFOR	DING COVERAGE		NAIC #	
				INSURER	a: Everest	National Insu	rance Company		10120	
INSU	· 			INSURER	в: QBE Ins	surance Corpo	oration		39217	
l M	ichigan State Youth Soccer Ass 101 General Drive, Suite 120	sociation		INSURER C:						
	ymouth MI 48170			INSURER D:						
	,			INSURER	E:					
				INSURER	F:					
CO	/ERAGES CEF	RTIFICATE	NUMBER: 63796518				REVISION NUM	IBER:		
	IIS IS TO CERTIFY THAT THE POLICIES									
	DICATED. NOTWITHSTANDING ANY R									
	ERTIFICATE MAY BE ISSUED OR MAY (CLUSIONS AND CONDITIONS OF SUCH						HEREIN IS SUE	3JECT TO	J ALL THE TERMS,	,
INSR LTR	TYPE OF INSURANCE	ADDL SUBR	POLICY NUMBER		POLICY EFF MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	 'S	
Δ	COMMERCIAL GENERAL LIABILITY		SI8GI 01851-211	- 1	9/1/2021	9/1/2022	EAGU GGGUDDENG		e ¢1 000 000	_

INSR LTR		TYPE OF INSURANCE	INSD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS		
Α	1	COMMERCIAL GENERAL LIABILITY		SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000	
		CLAIMS-MADE ✓ OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000	
							MED EXP (Any one person)	\$ Excluded	
							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	AUT	OMOBILE LIABILITY		SI8GL01851-211	9/1/2021	9/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000	
		ANY AUTO					BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$	
	/	AUTOS ONLY NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
								\$	
		UMBRELLA LIAB ✓ OCCUR		SI8EX01724-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,000,000	
	1	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$\$5,000,000	
		DED RETENTION \$						\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY					PER OTH- STATUTE ER		
		PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT	\$	
	(Man	datory in NH)					E.L. DISEASE - EA EMPLOYEE	\$	
	DES(, describe under CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	
В	Part	icipant Accident Medical		UBH000005	9/1/2021	9/1/2022	\$100,000		

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 & Michigan Youth Soccer League 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
PLYMOUTH PARK SWEDE E. WHEELER RD MIDLAND MI 48640	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

unis cerunicate does not conter i	ights to the certificate holder in hed of s	uch endorseme	πι(5).					
PRODUCER USI Insurance Servi	ces NW	CONTACT NAME:						
601 Union Street, St	uite 1000	PHONE (A/C, No. Ext): 206-441-6300 (A/C, No):						
Seattle, WA 98101		E-MAIL ADDRESS:						
			INSURER(S) AFFORDING CO	VERAGE	NAIC#			
		INSURER A: Eve	Company	10120				
INSURED	A	INSURER B: QBI		39217				
Michigan State Youth Socce 9401 General Drive, Suite 1	er Association 20	INSURER C:						
Plymouth MI 48170	20	INSURER D :						
-		INSURER E :						
		INSURER F:						
COVERAGES	CERTIFICATE NUMBER: 63796519		REVIS	ION 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	R ADDLISUBR POLICY EFF POLICY EFF POLICY EXP								
LTR	TYPE OF INSURANCE	INSD \	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S	
Α	CLAIMS-MADE OCCUR			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,000,000 \$\$300.000	
							MED EXP (Any one person)	\$ Excluded	
							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			SI8GL01851-211	9/1/2021	9/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000	
	ANY AUTO						BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	✓ HIRED AUTOS ONLY ✓ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
								\$	
	UMBRELLA LIAB ✓ OCCUR			SI8EX01724-211	9/1/2021	9/1/2022	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 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	Participant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000		

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 & Michigan Youth Soccer League 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
Polish Army Veterans Assoc. Circuit VI, Wanda Park 13707 Clinton River Rd. Sterling Heights MI 48313	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									
th	nis certificate does not confer rights to the certificate holder in lieu of									
PROD	DUCER USI Insurance Services NW	CONTACT NAME:								
	601 Union Street, Suite 1000	PHONE (A/C, No, Ext): 206-441-6300 (A/C, No):								
	Seattle, WA 98101	E-MAIL ADDRESS:								
		INSURER(S) AFFORDING COVERAGE	NAIC#							
		INSURER A: Everest National Insurance Company	10120							
INSU		INSURER B: QBE Insurance Corporation	39217							
M Q	lichigan State Youth Soccer Association 401 General Drive, Suite 120	INSURER C:								
PI	lymouth MI 48170	INSURER D:								
	,	INSURER E :								
		INSURER F:								
CO	VERAGES CERTIFICATE NUMBER: 63796520	REVISION NUMBER:								
TH	HIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW H	AVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLIC	Y PERIOD							
IN	IDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION	NOF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO W	HICH THIS							
CE	ERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFOR	DED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL TH	IE TERMS,							
EΣ	XCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAV	E BEEN REDUCED BY PAID CLAIMS.								
INSR LTR	TYPE OF INSURANCE ADDL SUBR INSD WVD POLICY NUMBER	POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS								
Α	COMMERCIAL GENERAL LIABILITY SI8GL01851-211	9/1/2021 9/1/2022 _{EACH OCCURRENCE} \$\$1,000	000							
	CLAIMS-MADE / OCCUR	DAMAGE TO RENTED PREMISES (Fa occurrence) \$\$300.0	,							

LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
Α	1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
								MED EXP (Any one person)	\$ Excluded
								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			SI8GL01851-211	9/1/2021	9/1/2022	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			SI8EX01724-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,000,000
	✓	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$\$5,000,000
		DED RETENTION \$							\$
		KERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE 7 / N	N/A					E.L. EACH ACCIDENT	\$
	(Mar	CER/MEMBEREXCLUDED?	II / A					E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Par	icipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000	

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 & Michigan Youth Soccer League 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
Port Huron Area School District 1925 Lapeer Avenue Port Huron MI 48060	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	Gary Patterson
	Cary rattersorr



DATE (MM/DD/YYYY) 9/9/2021

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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).

If SUBRUGATION IS WAIVED, Subject to the terms and con	•	•	•	require an endo	orsement. A st	atement on		
this certificate does not confer rights to the certificate holder	r in lieu of such e	endorsement(s).					
PRODUCER USI Insurance Services NW	NAMI	CONTACT NAME:						
601 Union Street, Suite 1000		No, Ext):	206-441-6300)	FAX (A/C, No):			
Seattle, WA 98101	E-MA ADDI	AIL RESS:						
		IN	ISURER(S) AFFOR	RDING COVERAGE		NAIC#		
	INSU	RERA: Everes	t National Insu	rance Company		10120		
INSURED	INSU	RERB: QBE In	surance Corp	oration		39217		
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSU	INSURER C:						
Plymouth MI 48170	INSU	INSURER D:						
•	INSU	RER E :						
	INSU	RER F :						
COVERAGES CERTIFICATE NUMBER:	63796521			REVISION NUM	/IBER:			
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED								
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR								
CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURAN					BJECT TO ALL	ΓHE TERMS,		
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOW	N MAY HAVE BEEN	N REDUCED BY						
INSR LTR TYPE OF INSURANCE ADDL SUBR INSD WVD POL	ICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS			

INSR LTR		TYPE OF INSURANCE		SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
Α	^	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000	
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000	
								MED EXP (Any one person)	\$ Excluded	
								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			SI8GL01851-211	9/1/2021	9/1/2022	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 VON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
		UMBRELLA LIAB ✓ OCCUR			SI8EX01724-211	9/1/2021	9/1/2022	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	Part	ticipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000		

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 & Michigan Youth Soccer League 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.

PORT HURON TOWNSHIP PARK 3344 BEACH ROAD Port Huron MI 48060	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) 9/9/2021

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

	SUBROGATION IS WAIVED, subject is certificate does not confer rights to							require an endorsement.	A sta	atement on
	DUCER USI Insurance Services N				CONTAC NAME:		<i>/</i> -			
	601 Union Street, Suite 10				PHONE (A/C, No	- Eve):	206-441-6300	FAX (A/C, No):		
	Seattle, WA 98101				E-MAIL ADDRESS:					
					INSURER(S) AFFORDING COVERAGE					
INSU	RED				INSURER A: Everest National Insurance Company 101					
N	ichigan State Youth Soccer Asso	ociat	ion		INSURER B: QBE Insurance Corporation 392					
9	401 General Drive, Suite 120				INSURER C:					
Р	lymouth MI 48170				INSURER D:					
					INSURE					
	VED A CEC	TIFIC	\	· NUMBER, compared	INSURE	RF:		DEVICION NUMBER.		
	VERAGES CER HIS IS TO CERTIFY THAT THE POLICIES			NUMBER: 63796522	/C DCC	N ICCUED TO	THE INCLIDE	REVISION NUMBER:	F DOI	ICY DEDIOD
IN	DICATED. NOTWITHSTANDING ANY REETTIFICATE MAY BE ISSUED OR MAY	QUIR	EME	NT, TERM OR CONDITION	OF AN	CONTRACT	OR OTHER I	DOCUMENT WITH RESPEC	T TO \	WHICH THIS
	KCLUSIONS AND CONDITIONS OF SUCH								/\LL	TIE TERWIO,
INSR LTR	TYPE OF INSURANCE	ADDL INSD		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	;	
Α	✓ COMMERCIAL GENERAL LIABILITY	IIIOD	*****	SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE	s \$1 OC	00,000
	CLAIMS-MADE ✓ OCCUR							DAMAGE TO RENTED	\$\$300	,
	92 92 9990.							, , , , , , , , , , , , , , , , , , , ,	\$ Exclu	,
									\$\$1.00	
	GEN'L AGGREGATE LIMIT APPLIES PER:								s \$5.00	·
	POLICY PRO- JECT LOC								\$\$1.00	·
									\$\$1,00 \$\$1,00	,
Α	OTHER: AUTOMOBILE LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	COMPINED ONIOLE LIMIT	\$\$1,00		
	ANY AUTO			0.00.201.001.211		02021	07.172022	,	* \$1,00 \$	00,000
	OWNED SCHEDULED							` ' '	\$ \$	
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE	Ψ \$	
	AUTOS ONLY AUTOS ONLY							(Per accident)	Ψ \$	
	UMBRELLA LIAB / OCCUP			SI8EX01724-211		9/1/2021	9/1/2022		-	
	/ EXOCOLUAD			310LX01724-211		3/1/2021	9/1/2022		· ,	00,000
	CLAIWG-WADL								· ,	00,000
	DED RETENTION \$ WORKERS COMPENSATION								\$	
	AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE		
В	DÉSCRIPTION OF OPERATIONS below			UBH000005		9/1/2021	9/1/2022		\$	
Ь	Participant Accident Medical			UBH000003		9/1/2021	9/1/2022	\$100,000		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI	LES (A	CORD	101, Additional Remarks Schedul	e, may be	attached if mor	e space is requir	ed)		
	s certificate is issued on behalf of Mich									
	rtificate holder is Additional Insured as r the state association. Waiver of Subroga						ed activities			
Oi	ine state association. Walver of Subroge	ation (аррііс	23 When required by Whiter	Contra	ot.				
CE	RTIFICATE HOLDER			-	CANC	ELLATION				
					6116	D Aby 07 :	THE ABOVE 5		NOE: :	ED DEEGSE
Р	remier Sports Center							ESCRIBED POLICIES BE CA EREOF, NOTICE WILL BI		
1.	4901 23 Mile Road							Y PROVISIONS.		
্ভ	HELBY TWP MI 48315									

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Gary D. Putterson

AUTHORIZED REPRESENTATIVE

Gary Patterson



DATE (MM/DD/YYYY) 9/9/2021

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

	SUBROGATION IS WAIVED, sub his certificate does not confer rig								require an endorsement	. A st	atement on	
	DUCER USI Insurance Service					CONTA						
	601 Union Street, Suite)			NAME: PHONE		006 444 6000	FAX			
	Seattle, WA 98101					(A/C, No E-MAIL		206-441-6300) (A/C, No):			
						ADDRESS:						
						INSURER(S) AFFORDING COVERAGE NAIC INSURER A: Everest National Insurance Company 10120						
INICII	JRED										10120	
M	lichigan State Youth Soccer	Associ	atio	n		INSURER B: QBE Insurance Corporation 39217 INSURER C:						
94	401 General Drive, Suite 120 Tymouth MI 48170	1				INSURE						
Г	Tymouth Wil 46170					INSURE						
						INSURE						
CO	VERAGES	FRTI	ICA	TE NUMBER	R: 63796523	INSUKL	Nr.		REVISION NUMBER:			
	HIS IS TO CERTIFY THAT THE POLI					/E BEE	N ISSUED TO			HE POL	ICY PERIOD	
CI EX	NDICATED. NOTWITHSTANDING AN ERTIFICATE MAY BE ISSUED OR N XCLUSIONS AND CONDITIONS OF S	AY PEI JCH PO	RTAIN LICIE	I, THE INSUR S. LIMITS SHO	ANCE AFFORDI	ED BY	THE POLICIES REDUCED BY F	S DESCRIBEI PAID CLAIMS.	D HEREIN IS SUBJECT TO			
INSR LTR			DL SUE	BR /D P	OLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
Α	✓ COMMERCIAL GENERAL LIABILITY			SI8GL018	51-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,00	00,000	
	CLAIMS-MADE ✓ OCCUR								DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300	,000	
									MED EXP (Any one person)	\$ Exclu	ıded	
									PERSONAL & ADV INJURY	\$\$1,00	00,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:								GENERAL AGGREGATE	\$\$5,00	00,000	
	POLICY PRO- JECT LOC								PRODUCTS - COMP/OP AGG	\$\$1,00	00,000	
	OTHER:								Participant Legal Liabi	\$\$1,00	00,000	
Α	AUTOMOBILE LIABILITY			SI8GL018	51-211	9/1/2021	9/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,00	00,000		
	ANY AUTO								BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS								BODILY INJURY (Per accident)	\$		
	✓ HIRED AUTOS ONLY ✓ NON-OWNED AUTOS ONLY								PROPERTY DAMAGE (Per accident)	\$		
										\$		
	UMBRELLA LIAB / OCCUR			SI8EX017	24-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,00	00,000	
	✓ EXCESS LIAB CLAIMS-I	IADE							AGGREGATE	\$\$5,00	00,000	
	DED RETENTION \$								DED. CTU	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	/ / N							PER OTH- STATUTE ER			
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N N /	Α						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH) If yes, describe under								E.L. DISEASE - EA EMPLOYEE	\$		
	DÉSCRIPTION OF OPERATIONS below						- / · / ·		E.L. DISEASE - POLICY LIMIT	\$		
	Participant Accident Medical			UBH00000			9/1/2021	9/1/2022	\$100,000			
DES	CRIPTION OF OPERATIONS / LOCATIONS / V	EHICLES	(ACO	RD 101, Addition	al Remarks Schedul	le, may be	attached if more	space is require	ed)			
Ce	is certificate is issued on behalf of ertificate holder is Additional Insured the state association. Waiver of Sul	as resp	ects	the operation	s of the Named	Insure	d for sanction					
CE	RTIFICATE HOLDER					CANC	ELLATION					
7	QUARTON ELEMENTARY 71 CHESTERFIELD AVE IRMINGHAM MI 48009					THE	EXPIRATION	DATE THE	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E LY PROVISIONS.			
						AUTHO	RIZED REPRESEI	NTATIVE				

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Gary D. Putterson

Gary Patterson



DATE (MM/DD/YYYY)

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this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).											
PRODUCER USI Insurance Services NW	CONTACT NAME:										
601 Union Street, Suite 1000	PHONE (A/C, No, Ext): 206-441-6300 (A/C, No):										
Seattle, WA 98101	E-MAIL ADDRESS:										
	INSURER(S) AFFORDING COVERAGE	NAIC#									
	INSURER A: Everest National Insurance Company	10120									
INSURED	INSURER B: QBE Insurance Corporation	39217									
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C :										
Plymouth MI 48170	INSURER D :										
	INSURER E :										
	INSURER F:										
COVERAGES CERTIFICATE NUMBER: 63796524	REVISION NUMBER:										
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA											
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORD											
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE		TIE TEINIO,									

INSR LTR ADDL SUBR POLICY EFF POLICY EXP (MM/DD/YYYY) TYPE OF INSURANCE POLICY NUMBER LIMITS INSD WVD Α **COMMERCIAL GENERAL LIABILITY** SI8GL01851-211 9/1/2021 9/1/2022 EACH OCCURRENCE DAMAGE TO RENTED \$\$1,000,000 CLAIMS-MADE ✓ OCCUR \$\$300,000 PREMISES (Ea occurrence) MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$\$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$\$5,000,000 PRO-JECT POLICY LOC PRODUCTS - COMP/OP AGG \$\$1,000,000 \$\$1,000,000 OTHER: Participant Legal Liabi COMBINED SINGLE LIMIT (Ea accident) Α **AUTOMOBILE LIABILITY** SI8GL01851-211 9/1/2021 9/1/2022 \$\$1,000,000 ANY AUTO BODILY INJURY (Per person) SCHEDULED AUTOS NON-OWNED OWNED AUTOS ONLY HIRED **BODILY INJURY (Per accident)** \$ PROPERTY DAMAGE (Per accident) \$ AUTOS ONLY **AUTOS ONLY** UMBRELLA LIAB SI8EX01724-211 9/1/2021 9/1/2022 / OCCUR EACH OCCURRENCE \$\$5,000,000 **EXCESS LIAB CLAIMS-MADE AGGREGATE** \$\$5,000,000 DED RETENTION \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? 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 UBH000005 9/1/2021 Participant Accident Medical 9/1/2022 \$100,000

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 & Michigan Youth Soccer League 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
Racer Properties Soccer Field 4499 Town Center Parkway Flint MI 48532	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
	dary rationom



DATE (MM/DD/YYYY)

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	SUBROGATION IS WAIVED, Subject his certificate does not confer rights to							require an endorsement.	A statement on	
_	DUCER USI Insurance Services N				CONTA NAME:					_
	601 Union Street, Suite 10				PHONE (A/C, No	Eurth 2	206-441-6300) FAX (A/C, No):		
	Seattle, WA 98101				E-MAIL ADDRE	0, EXU: 4	-000 441 0000	(A/C, NO).		_
					ADDRE	NAIC#	_			
					INSURF	10120				
INSL	IRED				INSURER A: Everest National Insurance Company 101 INSURER B: QBE Insurance Corporation 392					
	lichigan State Youth Soccer Asso	ocia	tion		INSURER C :					
9	401 General Drive, Suite 120 lymouth MI 48170				INSURER D :					
'	Tymodin Wii 40170				INSURE					
					INSURE					_
co	VERAGES CER	TIFIC	CATE	NUMBER: 63796525	INOUNE	IXI .		REVISION NUMBER:		_
IN C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY F XCLUSIONS AND CONDITIONS OF SUCH I	OF I	NSUF REME AIN,	RANCE LISTED BELOW HA NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT	OR OTHER I S DESCRIBEI	DOCUMENT WITH RESPECT D HEREIN IS SUBJECT TO A	TO WHICH THIS	;
LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS		
Α	✓ COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE \$\$ DAMAGE TO RENTED	\$1,000,000	_
	CLAIMS-MADE 🗸 OCCUR							PREMISES (Ea occurrence) \$\$	300,000	_
								MED EXP (Any one person) \$ E	Excluded	_
									\$1,000,000	\dashv
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$	\$5,000,000	_
	POLICY PRO- JECT LOC								\$1,000,000	_
Ļ	OTHER:			01001 04054 044		0/4/0004	01110000	COMBINED SINGLE LIMIT	\$1,000,000	_
Α	AUTOMOBILE LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	(Ea accident)	\$1,000,000	_
	ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per person) \$		_
	AUTOS ONLY AUTOS NON-OWNED							BODILY INJURY (Per accident) \$		_
	AUTOS ONLY AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident) \$		_
				0105704204		0/4/0004	0.14.100000	\$		_
	UMBRELLA LIAB ✓ OCCUR			SI8EX01724-211		9/1/2021	9/1/2022		\$5,000,000	_
	✓ EXCESS LIAB CLAIMS-MADE								\$5,000,000	\dashv
	DED RETENTION \$ WORKERS COMPENSATION							\$ PER OTH-		\dashv
	AND EMPLOYERS' LIABILITY Y / N							PER OTH- STATUTE ER		\dashv
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT \$		\dashv
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE \$		\dashv
В	Participant Accident Medical			UBH000005		9/1/2021	9/1/2022	E.L. DISEASE - POLICY LIMIT \$		_
	articipant Accident Wedical			OBI 1000003		3/1/2021	3/1/2022	W100,000		
DE	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	FS //	COPD	101 Additional Remarks School	le may h	attached if more	e snace is requir	ed)		\dashv
Th Ce	This certificate is issued on behalf of Michigan State Youth Soccer Association & Michigan Youth Soccer League 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.									
CE	RTIFICATE HOLDER			-	CANO	ELLATION				
l 5	aintree Park 00 W Big Beaver Rd roy MI 48080				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					

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Gary D. Putterson

AUTHORIZED REPRESENTATIVE

Gary Patterson



9/9/2021

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this certificate does not confer rig	ghts to the certificate holder in lieu of s	uch endorseme	nt(s).					
PRODUCER USI Insurance Service	es NW	CONTACT NAME:						
601 Union Street, Sui	te 1000	PHONE (A/C, No, Ext):						
Seattle, WA 98101		E-MAIL ADDRESS:						
			INSURER(S) AFFORDING COVE	RAGE	NAIC#			
		INSURER A: Eve	rest National Insurance Cor	mpany	10120			
INSURED CLARA VA. II. C.	Accession	INSURER B: QBE Insurance Corporation						
Michigan State Youth Soccer 9401 General Drive, Suite 12	Association 20	INSURER C:						
Plymouth MI 48170	.0	INSURER D :						
,		INSURER E :						
		INSURER F:						
COVERAGES	CERTIFICATE NUMBER: 63796526		REVISIO	N NUMBER:				
THIS IS TO CERTIFY THAT THE DOL	ICIES OF INSUIDANCE LISTED BELOW HA	VE DEEN ICCLIE	TO THE INCLIDED NAMED	ADOVE FOR THE DOL	ICV DEDIOD			

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 OF SUCH POLICIES.												
INSR LTR			ADDL SU		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S					
Α	CON	IMERCIAL GENERAL LIABILITY		SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000					
		CLAIMS-MADE ✓ OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000					
							MED EXP (Any one person)	\$ Excluded					
							PERSONAL & ADV INJURY	\$\$1,000,000					
	GEN'L AG	GREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$\$5,000,000					
	POL	ICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$\$1,000,000					
	ОТН	ER:					Participant Legal Liabi	\$\$1,000,000					
Α	AUTOMO	BILE LIABILITY		SI8GL01851-211	9/1/2021	9/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000					
		AUTO					BODILY INJURY (Per person)	\$					
	OWN	NED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$					
	✓ HIRE AUT	D NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$					
								\$					
	UMB	RELLA LIAB / OCCUR		SI8EX01724-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,000,000					
	✓ EXC	ESS LIAB CLAIMS-MADE					AGGREGATE	\$\$5,000,000					
	DED	RETENTION \$						\$					
		COMPENSATION OYERS' LIABILITY					PER OTH- STATUTE ER						
	ANYPROPI	RIETOR/PARTNER/EXECUTIVE TIN	N/A				E.L. EACH ACCIDENT	\$					
	(Mandator	y in NH)					E.L. DISEASE - EA EMPLOYEE	\$					
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$					
В				UBH000005	9/1/2021	9/1/2022	\$100,000						
-													

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 & Michigan Youth Soccer League 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
RED OAKS YOUTH SOCCER COMPLEX 29601 JOHN R ROAD MADISON HEIGHTS MI 48071	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) 9/9/2021

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							rms and conditions of th ificate holder in lieu of si				require an endo	orsement	. A st	atement on
_				e Services N		Cert	mode noider in ned 01 St	CONTA		·/·				
	5002	601 Union	St	reet, Suite 10	VV NOO			NAME: PHONE				FAX		
		Seattle, W	A 9	8101	,00			PHONE (A/C, No E-MAIL ADDRE	o, Ext):	206-441-6300)	(A/C, No):		
														NAIC#
								INSURER A: Everest National Insurance Company						10120
INSU		0/		•				INSURER B: QBE Insurance Corporation						39217
l IV	ICNI 101	gan State Yo General Driv	outr	n Soccer Ass	ocia	tion		INSURE	RC:					
ΙĔ	lymo	outh MI 481	70	Cuito 120				INSURE	RD:					
	•							INSURE	RE:					
								INSURE	RF:					
		AGES					NUMBER: 63796527				REVISION NUI			
							RANCE LISTED BELOW HAY							
С	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,													
						CIES. SUBR	LIMITS SHOWN MAY HAVE	BEEN F	POLICY EFF	PAID CLAIMS. POLICY EXP	I			
INSR LTR		TYPE OF IN			INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMIT		
A	1	COMMERCIAL GE	Г				SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENGE DAMAGE TO RENT	ED	\$\$1,00	
		CLAIMS-MAD	E	✓ OCCUR							PREMISES (Ea occi	urrence)	\$\$300	<i>'</i>
											MED EXP (Any one		\$ Exclu	
											PERSONAL & ADV		\$\$1,00	
	GEN	I'L AGGREGATE LIN POLICY PR JEO									GENERAL AGGREC		\$\$5,00	,
			CT	LOC							PRODUCTS - COM		\$\$1,00 \$\$1,00	
A	AUT	OTHER: OMOBILE LIABILITY	Y				SI8GL01851-211		9/1/2021	9/1/2022	Participant Legal COMBINED SINGLE		\$\$1,00 \$\$1,00	
``		ANY AUTO					0.00.20.00.2		0, 1, 202 .	0, 1, 2022	(Ea accident) BODILY INJURY (Po	er person)	\$	00,000
		OWNED		SCHEDULED							BODILY INJURY (Po	. ,	\$	
		AUTOS ONLY HIRED	_	AUTOS NON-OWNED							PROPERTY DAMAC (Per accident)		\$	
	•	AUTOS ONLY		AUTOS ONLY							(Fer accident)		\$	
		UMBRELLA LIAB		✓ OCCUR			SI8EX01724-211		9/1/2021 9/1/2022 _{EACH OCC}		EACH OCCURREN	CE	\$\$5.00	00.000
	1	EXCESS LIAB		CLAIMS-MADE							AGGREGATE		\$\$5,000,000	
		DED RETE	NTIC	ON \$									\$,
		KERS COMPENSAT		•							PER STATUTE	OTH- ER		
	ANYF	PROPRIETOR/PARTI	NER/	EXECUTIVE TIN	N/A						E.L. EACH ACCIDE	NT	\$	
	(Man	CER/MEMBEREXCL datory in NH)	.UDE	:0?	N/A						E.L. DISEASE - EA I	EMPLOYEE	\$	
	DÉS	s, describe under CRIPTION OF OPER									E.L. DISEASE - POL	ICY LIMIT	\$	
В	Part	icipant Acciden	t Me	edical			UBH000005		9/1/2021	9/1/2022	\$100,000			
DES	CRIPT	ION OF OPERATION	NS/L	LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedu	le, may b	e attached if mor	e space is require	ed)			
							Youth Soccer Association							
							e operations of the Named es when required by writter			ned activities				
"		iaio aooooiaiioii		tarrer or easing	411011	чрріі	oo whom roquirou by white	1 0011110	.01.					
CE	?TIF	ICATE HOLDI	FP					CANC	ELLATION					
	<u> </u>	IOATE HOLDI	_!\					27.140	AIION					
_	E0.4										ESCRIBED POLIC			
	ES/	A Range Boad									EREOF, NOTICE	WILL E	BE DEI	LIVERED IN

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Gary D. Patterson

Marysville MI 48040

AUTHORIZED REPRESENTATIVE

Gary Patterson



DATE (MM/DD/YYYY) 9/9/2021

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PROD	JCER USI Insurance Services N	W			CONTACT NAME:								
	601 Union Street, Suite 10				PHONE (A/C, No	o. Ext):	206-441-6300)	FAX (A/C. No):				
	Seattle, WA 98101				E-MAIL ADDRE								
						INS	SURER(S) AFFOR	RDING COVERAGE			NAIC#		
					INSURE	RA: Everest	National Insu	rance Company			10120		
INSUR	TT .				INSURE	кв: QBE Ins	surance Corp	oration			39217		
IVII	chigan State Youth Soccer Ass 01 General Drive, Suite 120	ociat	ion		INSURE	RC:							
PI	mouth MI 48170				INSURER D:								
,					INSURE	RE:							
					INSURE	RF:							
COV	ERAGES CER	TIFIC	CATE	NUMBER: 63796528	REVISION NUMBER:								
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PER INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TEREXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.										WHICH THIS			
INSR LTR	TYPE OF INSURANCE		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	6						
Α						9/1/2021	9/1/2022	EACH OCCURRENCE		\$\$1,00	00,000		
	CLAIMS-MADE ✓ OCCUR							DAMAGE TO RENTE PREMISES (Ea occur		\$\$300	,000		
								MED EVP (Any one n	orcon)	e Eveli	ıdad		

			IIIOD	TTT	. 02.01.1022.1		(INTINITION TO THE TENT		
Α	1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
								MED EXP (Any one person)	\$ Excluded
								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			SI8GL01851-211	9/1/2021	9/1/2022	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 V NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB ✓ OCCUR			SI8EX01724-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,000,000
	1	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	Part	icipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000	·

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 & Michigan Youth Soccer League 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
REYNOLDS FIELD 2500 PARK LANE HARBOR SPRINGS MI 49840	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) 9/9/2021

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 ADDIT If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies mathis certificate does not confer rights to the certificate holder in lieu of such endorsement(s).							olicies may r				
PRODUCER USI Insurance Services NW 601 Union Street, Suite 1000 Seattle, WA 98101						CONTAC NAME: PHONE (A/C, No E-MAIL ADDRES	, Ext): 2	206-441-6300	FAX (A/C, No):		
						ADDITE		URER(S) AFFOR	DING COVERAGE		NAIC#
						INSURE			rance Company		10120
INSU		0				INSURE	кв: QBE Ins	urance Corpo	oration		39217
		gan State Youth Soccer Asso General Drive, Suite 120	ociatio	on		INSURE	RC:				
P	lym	outh MI 48170				INSURE	RD:				
	,					INSURE	RE:				
						INSURE	RF:				
					NUMBER: 63796529				REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORD EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE				NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF ANY	CONTRACT THE POLICIES EDUCED BY I	OR OTHER D S DESCRIBED PAID CLAIMS.	DOCUMENT WITH RESPEC	CT TO V	WHICH THIS	
INSR LTR		TYPE OF INSURANCE	ADDL SU	/VD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,00	00,000
		CLAIMS-MADE ✓ OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300	,000
									MED EXP (Any one person)	\$ Exclu	ded
									PERSONAL & ADV INJURY	\$\$1,00	00,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$\$5,00	00,000
		POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$\$1,00	00,000
		OTHER:							Participant Legal Liabi	\$\$1,00	00,000
Α	AUT	OMOBILE LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,00	00,000
		ANY AUTO							BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS AUTOS							BODILY INJURY (Per accident)	\$	
	1	AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
										\$	
		UMBRELLA LIAB ✓ OCCUR			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,00	00,000
	1	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$\$5,00	00,000
		DED RETENTION \$								\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY		T					PER OTH- STATUTE ER		
	ANYF	PROPRIETOR/PARTNER/EXECUTIVE T	N/A						E.L. EACH ACCIDENT	\$	
		CER/MEMBEREXCLUDED?							E.L. DISEASE - EA EMPLOYEE	\$	

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

UBH000005

This certificate is issued on behalf of Michigan State Youth Soccer Association & Michigan Youth Soccer League 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
Rochester Adams High School 3200 Tienken Road Rochester Hills MI 48306	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. Putturson
	Gary Patterson

9/1/2021

9/1/2022

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E.L. DISEASE - POLICY LIMIT | \$

\$100,000

If yes, describe under DESCRIPTION OF OPERATIONS below

Participant Accident Medical



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 S	SUBROGATION IS WAIVED, subject s certificate does not confer rights to	to the	e ter	ms and conditions of th	e polic	y, certain po	olicies may i	•			
PROD	USI Insurance Services NV	CONTACT NAME:									
	601 Union Street, Suite 10	00			PHONE (A/C. No). Fxt): 2	206-441-6300	1	FAX (A/C. No):		
	Seattle, WA 98101				E-MAIL ADDRES						
							URER(S) AFFOR	DING COVERAGE			NAIC#
					INSURE	RA: Everest	National Insu	rance Company			10120
INSUR					INSURE	кв: QBE Ins	surance Corp	oration			39217
IVII Q⊿	chigan State Youth Soccer Asso 01 General Drive, Suite 120	ociati	on		INSURE	RC:					
	mouth MI 48170				INSURER D:						
					INSURER E:						
					INSURER F:						
COV	ERAGES CERT	TIFIC	ATE	NUMBER: 63796530				REVISION NUM	IBER:		
INE CE EX	IS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE RTIFICATE MAY BE ISSUED OR MAY F CLUSIONS AND CONDITIONS OF SUCH F	QUIRE PERTA POLIC	EMEN NN, 7 IES. 1	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY	Y CONTRACT	OR OTHER I	OCUMENT WITH	RESPECT	T TO V	WHICH THIS
INSR LTR		ADDL S		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS		
Α	✓ COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENC		\$1,00	00,000
	CLAIMS-MADE ✓ OCCUR							DAMAGE TO RENTE PREMISES (Ea occu		\$300,	,000
								MED EXP (Any one)	person) \$	Exclu	ded
								PERSONAL & ADV I	NJURY S	\$1.00	00.000

			IIIOD	TTT	. 02.01.1022.1		(INTINITION TO THE TENT		
Α	1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
								MED EXP (Any one person)	\$ Excluded
								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			SI8GL01851-211	9/1/2021	9/1/2022	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 V NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB ✓ OCCUR			SI8EX01724-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,000,000
	1	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	Part	icipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000	·

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

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CERTIFICATE HOLDER	CANCELLATION
Rochester Avon Recreation 500 E. Second Street Rochester MI 48307	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	Gary Patterson
	dary rattersorr



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 ri	gnts to the certificate holder in lieu of s	ucn enaorsemei	nt(s).			
PRODUCER USI Insurance Service	es NW	CONTACT NAME:				
601 Union Street, Su	ite 1000	PHONE (A/C, No, Ext):	206-441-6300	FAX (A/C, No):		
Seattle, WA 98101		E-MAIL ADDRESS:				
			INSURER(S) AFFORDING COVERAG	SE .	NAIC#	
		INSURER A : Eve	any	10120		
INSURED OLD A NO. 11. O. 11. O	A	INSURER B: QBE	Insurance Corporation		39217	
Michigan State Youth Soccer 9401 General Drive, Suite 12	ASSOCIATION On	INSURER C:				
Plymouth MI 48170	_0	INSURER D :				
		INSURER E :				
		INSURER F:				
COVERAGES	CERTIFICATE NUMBER: 63796531		REVISION N	NUMBER:		
THIS IS TO CERTIFY THAT THE PO	LICIES OF INSURANCE LISTED BELOW HA	VE BEEN ISSUED	TO THE INSURED NAMED AF	SOVE FOR THE POL	ICY PERIOD	

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			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
								MED EXP (Any one person)	\$ Excluded
								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			SI8GL01851-211	9/1/2021	9/1/2022	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)	\$
									\$
1		UMBRELLA LIAB ✓ OCCUR			SI8EX01724-211	9/1/2021	9/1/2022	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 ICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
1	(Mar	ndatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Par	ticipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000	

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 & Michigan Youth Soccer League 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
Rochester College including Board of Trustees employees 800 W Avon Road	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Hochester Wil 46507	AUTHORIZED REPRESENTATIVE
	Gary Patterson
Rochester MI 48307	Gary D. Putterson



DATE (MM/DD/YYYY)

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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 lieu of such endorsement(s).							
PRODUCER USI Insurance Services NW	CONTACT NAME:						
601 Union Street, Suite 1000	PHONE (A/C, No, Ext): 206-441-6300 (A/C, No):						
Seattle, WA 98101	E-MAIL ADDRESS:						
	INSURER(S) AFFORDING COVERAGE	NAIC#					
	INSURER A: Everest National Insurance Company	10120					
INSURED	INSURER B: QBE Insurance Corporation 39217						
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:						
Plymouth MI 48170	INSURER D:						
,	INSURER E :						
	INSURER F:						
COVERAGES CERTIFICATE NUMBER: 63796532	REVISION NUMBER:						
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA	VE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POL	ICY PERIOD					
I 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. POLICY EFF POLICY EXP (MM/DD/YYYY) INSR LTR ADDL SUBR TYPE OF INSURANCE POLICY NUMBER LIMITS INSD WVD **COMMERCIAL GENERAL LIABILITY** Α SI8GL01851-211 9/1/2021 9/1/2022 EACH OCCURRENCE DAMAGE TO RENTED \$\$1,000,000 CLAIMS-MADE / OCCUR \$\$300,000 PREMISES (Ea occurrence) MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$\$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$\$5,000,000 PRO-JECT POLICY LOC PRODUCTS - COMP/OP AGG \$\$1,000,000 \$\$1,000,000 OTHER: Participant Legal Liabi COMBINED SINGLE LIMIT (Ea accident) Α **AUTOMOBILE LIABILITY** SI8GL01851-211 9/1/2021 9/1/2022 \$\$1,000,000 ANY AUTO BODILY INJURY (Per person) SCHEDULED AUTOS NON-OWNED OWNED AUTOS ONLY HIRED **BODILY INJURY (Per accident)** \$ PROPERTY DAMAGE (Per accident) \$ AUTOS ONLY **AUTOS ONLY** UMBRELLA LIAB SI8EX01724-211 9/1/2021 9/1/2022 / OCCUR EACH OCCURRENCE \$\$5,000,000 **EXCESS LIAB** CLAIMS-MADE **AGGREGATE** \$\$5,000,000 DED RETENTION \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? 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 UBH000005 9/1/2021 9/1/2022 Participant Accident Medical \$100,000

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 & Michigan Youth Soccer League 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
ROCHESTER COMMUNITY SCHOOOLS 501 WEST UNIVERSITY ROCHESTER MI 48307	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) 9/9/2021

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).										
PROD	USI Insurance Services N	W			CONTACT NAME:						
	601 Union Street, Suite 10	000				PHONE (A/C, No, Ext): 206-441-6300 (A/C, No):					
	Seattle, WA 98101				E-MAIL ADDRE	SS:					
			INS	SURER(S) AFFOR	RDING COVERAGE			NAIC#			
			INSURE	RA: Everest	National Insu	rance Company			10120		
INSU			INSURE	кв: QBE Ins	surance Corp	oration			39217		
IVI Q⊿	chigan State Youth Soccer Ass 01 General Drive, Suite 120		INSURER C:								
ΡΙ	mouth MI 48170		INSURE	RD:							
					INSURE	RE:					
					INSURE	RF:					
CO/	ERAGES CER	TIFIC	ATE	NUMBER: 63796533	REVISION NUMBER:						
INI CE EX	IS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RERTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH	QUIRE PERTA POLIC	EMEI AIN, IES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH D HEREIN IS SUI	H RESPEC	T TO \	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL S		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS		
Α	✓ COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENC		\$ \$1,00	00,000
	CLAIMS-MADE ✓ OCCUR							DAMAGE TO RENTE PREMISES (Ea occu		\$ \$300	,000
								MED EXP (Any one	person)	\$ Exclu	ıded
								PERSONAL & ADV I	INJURY S	\$ \$1,00	00,000

LTR	TYPE OF INSURANCE	INSD WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	
Α	✓ COMMERCIAL GENERAL LIABILITY		SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
	CLAIMS-MADE ✓ OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
						MED EXP (Any one person)	\$ Excluded
						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		SI8GL01851-211	9/1/2021	9/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
	ANY AUTO					BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	HIRED AUTOS ONLY AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB ✓ OCCUR		SI8EX01724-211	9/1/2021	9/1/2022	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 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	Participant Accident Medical		UBH000005	9/1/2021	9/1/2022	\$100,000	

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 & Michigan Youth Soccer League 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
Rochester High School 180 S. Livernois Road Rochester Hills MI 48307	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) 9/9/2021

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).									
PROI	DUCER USI Insurance Services N	IW			CONTA NAME:	СТ				
	601 Union Street, Suite 1				PHONE (A/C, No		206-441-6300	FAX (A/C, No)	:	
	Seattle, WA 98101				E-MAIL ADDRE	SS:				
					INSURER(S) AFFORDING COVERAGE					NAIC#
					INSURE	RA: Everest	National Insu	rance Company		10120
INSU			INSURE	RВ: QBE Ins	surance Corp	oration		39217		
IVI Q∠	ichigan State Youth Soccer Ass 101 General Drive, Suite 120	ocia	lion		INSURER C:					
	ymouth MI 48170				INSURER D:					
	•				INSURER E :					
					INSURE	RF:				
CO	/ERAGES CE	RTIFIC	CATE	NUMBER: 63796534				REVISION NUMBER:		
	IIS IS TO CERTIFY THAT THE POLICIE DICATED. NOTWITHSTANDING ANY F									
_	ERTIFICATE MAY BE ISSUED OR MAY		,						O ALL	THE TERMS,
	CLUSIONS AND CONDITIONS OF SUCH		SIES. ISUBR		BEEN F					
INSR LTR	TYPE OF INSURANCE		WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIM	TS	
Α	✓ COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,0	00,000
		1	1			1	I	DAMAGE TO RENTED	1	

LIK	LIR I III E GI INCONTANCE		INSD	WVD	POLICT NUMBER	(IVIIVI/DD/TTTT)		E111111	•
Α	1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
								MED EXP (Any one person)	\$ Excluded
								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			SI8GL01851-211	9/1/2021	9/1/2022	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			SI8EX01724-211	9/1/2021	9/1/2022	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 7/N	N/A					E.L. EACH ACCIDENT	\$
	(Mar	CER/MEMBEREXCLUDED?						E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Par	ticipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000	_

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 & Michigan Youth Soccer League 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
Rochester Hills Baptist Church 3300 Livernois Rochester Hills MI 48307	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 comer rights to the certificate holder in ned of such endorsement(s).								
PRODUCER USI Insurance Serv	rices NW	CONTACT NAME:						
601 Union Street, S	Suite 1000	PHONE (A/C, No, Ext):	206-441-6300	FAX (A/C, No):				
Seattle, WA 98101		E-MAIL ADDRESS:						
			NAIC#					
		INSURER A: Everest National Insurance Company						
INSURED	A		39217					
Michigan State Youth Socc 9401 General Drive, Suite	er Association 120	INSURER C :						
Plymouth MI 48170	120	INSURER D :	INSURER D :					
-		INSURER E :						
		INSURER F:						
COVERAGES	CERTIFICATE NUMBER: 63796535		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.

R ADDLISUBR POLICY EFF POLICY EXP								
				POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	s
1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
	CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
							MED EXP (Any one person)	\$ Excluded
							PERSONAL & ADV INJURY	\$\$1,000,000
GEN							GENERAL AGGREGATE	\$\$5,000,000
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$\$1,000,000
	OTHER:						Participant Legal Liabi	\$\$1,000,000
AUT	OMOBILE LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
	ANY AUTO						BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
/	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB ✓ OCCUR			SI8EX01724-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,000,000
✓	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$\$5,000,000
	DED RETENTION \$							\$
	EMPLOYEDS! LIADILITY						PER OTH- STATUTE ER	
ANYF	PROPRIETOR/PARTNER/EXECUTIVE Y / 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	\$
Part	ticipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000	
	GEN WORD AND OFFI (Mar If yes	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY HIRED AUTOS ONLY UMBRELLA LIAB CCCUR CLAIMS-MADE	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY CLAIMS-MADE CCAIMS-MADE CCAIMS-M	TYPE OF INSURANCE TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION ANY PROPRIETOR/PARTINER/EXECUTIVE (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY CLAIMS-MADE SIBGL01851-211 ANY AUTO OWNED AUTOS ONLY AUTOS ONLY AUTOS ONLY CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	TYPE OF INSURANCE ADDL SUBR WVD POLICY NUMBER POLICY NUMBER POLICY SIBGLO1851-211 SIBGLO1851-211 9/1/2021 GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROJECT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY AUTOS OWNED AUTOS ONLY AUTOS ONLY HIRED AUTOS ONLY WMBRELLA LIAB VOCCUR CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYER'S LIABILITY ANY ANY POPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	TYPE OF INSURANCE INSU WVD POLICY NUMBER (MM/DD/YYYY) COMMERCIAL GENERAL LIABILITY CLAIMS-MADE COCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROPOLICY PRODUCY JECT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY A	TYPE OF INSURANCE ADDL SUBR WVD POLICY NUMBER POLICY EFF (MM/DD/YYY) (MM/DD/YYD/YD/DA/TO (MM/DD/YY) (MM/DD/YYY) (MM/DD/YYY) (MM/DD/YYY) (MM/DD/YY) (M

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 & Michigan Youth Soccer League 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 Sary Patterson Gary Patterson
Rochester Stoney Creek High School 575 E. Tienken Road Rochester Hills MI 48306	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) 9/9/2021

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If S	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 t	o the	certi	ficate holder in lieu of si).				
PRODU	CER USI Insurance Services N	W			CONTA NAME:	СТ					
	601 Union Street, Suite 10	00			PHONE (A/C, No	o, Ext):	206-441-6300)	FAX (A/C, No):		
	Seattle, WA 98101				E-MAIL ADDRE	SS:					
						INS	SURER(S) AFFOR	RDING COVERAGE			NAIC#
					INSURE	RA: Everest	National Insu	rance Company			10120
	INSURED						surance Corp	oration			39217
940	higan State Youth Soccer Asso 1 General Drive, Suite 120	ociati	on		INSURER C:						
Ply	mouth MI 48170				INSURE	RD:					
_					INSURER E :						
					INSURE	RF:					
COVE	RAGES CER	TIFIC	ATE	NUMBER: 63796536				REVISION NUM	MBER:		
THIS	IS TO CERTIFY THAT THE POLICIES	OF IN	ISUF	RANCE LISTED BELOW HA	VE BEE	N ISSUED TO	THE INSURE	D NAMED ABOV	E FOR TH	IE POL	ICY PERIOD
	CATED. NOTWITHSTANDING ANY RE										
	TIFICATE MAY BE ISSUED OR MAY I LUSIONS AND CONDITIONS OF SUCH								BJECT TO	ALL I	HE TERMS,
-				LIMITS SHOWN WAT HAVE	DEEINF						
INSR LTR	TYPE OF INSURANCE	ADDL S		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	3	
Α ,	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE		\$\$1,00	00,000
	CLAIMS-MADE ✓ OCCUR							DAMAGE TO RENT PREMISES (Ea occi	ED urrence)	\$\$300	,000

LTR	R TYPE OF INSURANCE			WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
Α	1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
								MED EXP (Any one person)	\$ Excluded
								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			SI8GL01851-211	9/1/2021	9/1/2022	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			SI8EX01724-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,000,000
	✓	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$\$5,000,000
		DED RETENTION \$							\$
		KERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
		PROPRIETOR/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	Part	icipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000	

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

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CERTIFICATE HOLDER	CANCELLATION
ROCKWELL JR. HIGH 12225 MASONIC WARREN MI 48093	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) 9/9/2021

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

e policy, certain policies may require an endorsement. A sta ch endorsement(s).	itement on
CONTACT NAME:	
PHONE (A/C, No, Ext): 206-441-6300 FAX (A/C, No):	
E-MAIL ADDRESS:	
INSURER(S) AFFORDING COVERAGE	NAIC#
INSURER A: Everest National Insurance Company	10120
INSURER B: QBE Insurance Corporation	39217
INSURER C:	
INSURER D :	
INSURER E :	
INSURER F:	
REVISION NUMBER:	
'E BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLI	
DF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO VE D BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL T	
BEEN REDUCED BY PAID CLAIMS.	,
POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS	
	Ch endorsement(s). CONTACT NAME: PHONE (A/C, No, Ext): 206-441-6300 FAX (A/C, No): E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: Everest National Insurance Company INSURER B: QBE Insurance Corporation INSURER C: INSURER D: INSURER D: INSURER F: REVISION NUMBER: E BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY DF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO V D BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL T BEEN REDUCED BY PAID CLAIMS. POLICY EFF POLICY EXP

INSR LTR		TYPE OF INSURANCE	INSD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	s
Α	1	COMMERCIAL GENERAL LIABILITY		SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
							MED EXP (Any one person)	\$ Excluded
							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	AUT	OMOBILE LIABILITY		SI8GL01851-211	9/1/2021	9/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
		ANY AUTO					BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	/	AUTOS ONLY NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
								\$
		UMBRELLA LIAB ✓ OCCUR		SI8EX01724-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,000,000
	1	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$\$5,000,000
		DED RETENTION \$						\$
		KERS COMPENSATION EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
		PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT	\$
	(Man	datory in NH)					E.L. DISEASE - EA EMPLOYEE	\$
	DES(, describe under CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
В	Part	icipant Accident Medical		UBH000005	9/1/2021	9/1/2022	\$100,000	

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 & Michigan Youth Soccer League 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
Rodgers Elementary School 21601 L'Anse Street ST CLAIR SHORES MI 48081	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
	dary ratterson



DATE (MM/DD/YYYY)

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	ot confer rights to the certificat			. , , ,	an endorsement. A si	atement on		
PRODUCER USI Insuran			CONTACT NAME:					
601 Union S	Street, Suite 1000		PHONE (A/C, No, Ext):	206-441-6300	FAX (A/C, No):			
Seattle, WA	98101		E-MAIL ADDRESS:					
				INSURER(S) AFFORDING CO	OVERAGE	NAIC#		
			INSURER A : Eve	rest National Insurance	Company	10120		
INSURED	4h O Ai-ti		INSURER B: QB	E Insurance Corporation		39217		
9401 General Drive	th Soccer Association		INSURER C:					
Plymouth MI 48170)		INSURER D :					
•			INSURER E :					
			INSURER F:					
COVERAGES	CERTIFICATE NU	MBER: 63796538		REVIS	SION NUMBER:			
	IAT THE POLICIES OF INSURANCE							
	STANDING ANY REQUIREMENT, T ISSUED OR MAY PERTAIN, THE							
	DITIONS OF SUCH POLICIES. LIMIT	TS SHOWN MAY HAVE	BEEN REDUCED	BY PAID CLAIMS.		<u> </u>		
INSR TYPE OF INSI	ADDL SUBR	DOLICY NUMBER	POLICY E	FF POLICY EXP	LIMITS			

INSR LTR		TYPE OF INSURANCE		SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	^	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
								MED EXP (Any one person)	\$ Excluded
								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			SI8GL01851-211	9/1/2021	9/1/2022	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 VON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB ✓ OCCUR			SI8EX01724-211	9/1/2021	9/1/2022	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							\$
В	Part	ticipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000	

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 & Michigan Youth Soccer League 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 ### ### ### ### ####################
ROEPER SCHOOL 41190 WOODWARD AVE BLOOMFIELD HILLS MI 48034	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 USI Insurance Services NW 601 Union Street, Suite 1000 Seattle, WA 98101	CONTACT NAME: PHONE (A/C, No, Ext): 206-441-6300 FAX (A/C, No): E-MAIL ADDRESS:					
	INSURER(S) AFFORDING COVERAGE	NAIC#				
	INSURER A: Everest National Insurance Company	10120				
INSURED	INSURER B: QBE Insurance Corporation	39217				
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:					
Plymouth MI 48170	INSURER D:					
•	INSURER E:					
	INSURER F:					
COVERAGES CERTIFICATE NUMBER: 63796539	REVISION NUMBER:					
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORD EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE	OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO W DED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL TH	HICH THIS				
NSR TYPE OF INSURANCE ADDL SUBR INSD WVD POLICY NUMBER	POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS					
A COMMERCIAL GENERAL LIABILITY SI8GL01851-211	9/1/2021 9/1/2022 EACH OCCURRENCE \$\$1,000	0,000				
CLAIMS-MADE 🗸 OCCUR	DAMAGE TO RENTED PREMISES (Ea occurrence) \$\$300,0	000				
	MED EVD (Any one norsen) & Evoluc	dod				

LTR	TR TYPE OF INSURANCE		INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	
Α	1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
								MED EXP (Any one person)	\$ Excluded
								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			SI8GL01851-211	9/1/2021	9/1/2022	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			SI8EX01724-211	9/1/2021	9/1/2022	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 Y / N	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	Part	icipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000	

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 & Michigan Youth Soccer League 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
ROLLING HILLS PARK 7660 STONY CREEK RD. YPSILANTI MI 48197	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 this certificate does not confer rights to the certificate holder in lieu of s		tement on			
PRODUCER USI Insurance Services NW 601 Union Street, Suite 1000 Seattle, WA 98101	CONTACT NAME: PHONE (A/C, No, Ext): 206-441-6300 FAX (A/C, No): E-MAIL.				
	ÄDÖRËSS: INSURER(S) AFFORDING COVERAGE	NAIC#			
	INSURER A: Everest National Insurance Company	10120			
INSURED	INSURER B: QBE Insurance Corporation	39217			
Michigan State Youth Soccer Association	INSURER C :				
9401 General Drive, Suite 120 Plymouth MI 48170	INSURER D:				
Trymodal Will 10170	INSURER E :				
	INSURER F:				
COVERAGES CERTIFICATE NUMBER: 63796540	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 SUBR INSD WVD POLICY NUMBER	POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS				
A COMMERCIAL GENERAL LIABILITY SI8GL01851-211	9/1/2021 9/1/2022 EACH OCCURRENCE \$\$1,00	0,000			
CLAIMS-MADE OCCUR	DAMAGE TO RENTED PREMISES (Ea occurrence) \$\$300,	<i>'</i>			
	MED EXP (Any one person) S Exclus	hah			

LTR	TR TYPE OF INSURANCE		INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	
Α	1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
								MED EXP (Any one person)	\$ Excluded
								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			SI8GL01851-211	9/1/2021	9/1/2022	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			SI8EX01724-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,000,000
	✓	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$\$5,000,000
		DED RETENTION \$							\$
		KERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE Y / N	N/A					E.L. EACH ACCIDENT	\$
	(Mar	CER/MEMBEREXCLUDED?	117.4					E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Par	icipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000	

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

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CERTIFICATE HOLDER	CANCELLATION
Romeo Community Schools 316 North Main Romeo MI 48065	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)

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this certificate does not confer no	gnts to the certificate holder in fied of s	uch endorseme	nt(s).					
PRODUCER USI Insurance Servic	es NW	CONTACT NAME:						
601 Union Street, Sui	ite 1000	PHONE (A/C, No, Ext):	206-441-6300	FAX (A/C, No):				
Seattle, WA 98101	E-MAIL ADDRESS:							
			INSURER(S) AFFORDING COV	'ERAGE	NAIC#			
		INSURER A : Eve	ompany	10120				
INSURED CLARA VALUE CONTROL	A	INSURER B: QB		39217				
Michigan State Youth Soccer 9401 General Drive, Suite 12	ASSOCIATION PO	INSURER C:						
Plymouth MI 48170	-0	INSURER D :						
,		INSURER E :						
		INSURER F:						
COVERAGES	CERTIFICATE NUMBER: 63796541		REVISION	ON NUMBER:				
THE IS TO SEPTIE! THAT THE BO								

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				PE OF INSURANCE ADDL SUBR INSD WVD POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
Α	1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
								MED EXP (Any one person)	\$ Excluded
								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	AU1	TOMOBILE LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	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			SI8EX01724-211	9/1/2021	9/1/2022	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 TO THE	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	Par	ticipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000	

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

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CERTIFICATE HOLDER	CANCELLATION
ROMEO WASHINGTON BRUCE PARK RECREATION /SHELBY LION PARK 8699 RONDALE	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
SHELBY TWP MI 48316	AUTHORIZED REPRESENTATIVE
	Gary Patterson



DATE (MM/DD/YYYY)

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this certificate does not confer rights to the certificate holder in fleu of such endorsement(s).								
PRODUCER USI Insurance Service	es NW	CONTACT NAME:						
601 Union Street, Suit	te 1000	PHONE (A/C, No, Ext): 206-441-6300 FAX (A/C, No):						
Seattle, WA 98101		E-MAIL ADDRESS:						
		II	NSURER(S) AFFORDING COVERAGE		NAIC#			
		INSURER A: Everes	,	10120				
INSURED	A i - ti	INSURER B: QBE Insurance Corporation 3921						
Michigan State Youth Soccer 9401 General Drive, Suite 12	Association 0	INSURER C :						
Plymouth MI 48170	NE 120	INSURER D :						
,		INSURER E :						
		INSURER F:						
COVERAGES	CERTIFICATE NUMBER: 63796542		REVISION NUI	MBER:				
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD								

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				PE OF INSURANCE ADDL SUBR INSD WVD POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
Α	1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
								MED EXP (Any one person)	\$ Excluded
								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	AU1	TOMOBILE LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	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			SI8EX01724-211	9/1/2021	9/1/2022	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 TO THE	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	Par	ticipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000	

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

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ROMEO WASHINGTON BRUCE PARK RECREATION 361 MORTON ST.	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
ROMEO MI 48065	
	AUTHORIZED REPRESENTATIVE Sary D. Putterson
	Gary Patterson



DATE (MM/DD/YYYY)

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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

tilis certificate does flot collier	rights to the certificate holder in fled of s	ucii elluorseille	າາເ(ອ).					
PRODUCER USI Insurance Serv	vices NW	CONTACT NAME:						
601 Union Street, S	Suite 1000	PHONE (A/C, No, Ext):	206-441-6300	FAX (A/C, No):				
Seattle, WA 98101		E-MAIL ADDRESS:						
			INSURER(S) AFFORDING CO	VERAGE	NAIC#			
		INSURER A : Eve	10120					
INSURED	A	INSURER B: QBI	E Insurance Corporation		39217			
Michigan State Youth Soco 9401 General Drive, Suite	occer Association	INSURER C :						
Plymouth MI 48170	120	INSURER D :						
,		INSURER E :						
		INSURER F:						
COVERAGES	CERTIFICATE NUMBER: 63706543		REVISI	ON 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:	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	1	COMMERCIAL GENERAL LIABILITY		SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
							MED EXP (Any one person)	\$ Excluded
							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	AU1	OMOBILE LIABILITY		SI8GL01851-211	9/1/2021	9/1/2022	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		SI8EX01724-211	9/1/2021	9/1/2022	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 T N	N/A				E.L. EACH ACCIDENT	\$
	(Mar	CER/MEMBEREXCLUDED?	117.4				E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
В	Par	ticipant Accident Medical		UBH000005	9/1/2021	9/1/2022	\$100,000	

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CERTIFICATE HOLDER	CANCELLATION

ROMEO-WASHINGTON-BRUCE [ARLS AMD REC/SENIOR CENTERS ROMEO CO 361 MORTON ROMEO MI 48065

HOULD 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

CANCELLATION

Gary D. Putterson

Gary Patterson © 1988-2015 ACORD CORPORATION. All rights reserved.

OFFICIOATE HOLDER



DATE (MM/DD/YYYY)

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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 lieu of s	uch endorsement(s).						
PRODUCER USI Insurance Services NW	CONTACT NAME:						
601 Union Street, Suite 1000	PHONE (A/C, No, Ext): 206-441-6300 FAX (A/C, No):						
Seattle, WA 98101	E-MAIL ADDRESS:						
	INSURER(S) AFFORDING COVERAGE	NAIC#					
	INSURER A: Everest National Insurance Company	10120					
INSURED A	INSURER B: QBE Insurance Corporation 39217						
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:						
Plymouth MI 48170	INSURER D:						
,	INSURER E :						
	INSURER F:						
COVERAGES CERTIFICATE NUMBER: 63796544	REVISION NUMBER:						
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION							
CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORD							

EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. POLICY EFF POLICY EXP (MM/DD/YYYY) ADDL SUBR TYPE OF INSURANCE POLICY NUMBER LIMITS LTR INSD WVD **COMMERCIAL GENERAL LIABILITY** Α SI8GL01851-211 9/1/2021 9/1/2022 EACH OCCURRENCE DAMAGE TO RENTED \$\$1,000,000 CLAIMS-MADE ✓ OCCUR \$\$300,000 PREMISES (Ea occurrence) MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$\$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$\$5,000,000 PRO-JECT POLICY LOC PRODUCTS - COMP/OP AGG \$\$1,000,000 \$\$1,000,000 OTHER: Participant Legal Liabi COMBINED SINGLE LIMIT (Ea accident) Α **AUTOMOBILE LIABILITY** SI8GL01851-211 9/1/2021 9/1/2022 \$\$1,000,000 ANY AUTO BODILY INJURY (Per person) SCHEDULED AUTOS NON-OWNED OWNED AUTOS ONLY HIRED BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTOS ONLY **AUTOS ONLY** UMBRELLA LIAB SI8EX01724-211 9/1/2021 9/1/2022 / OCCUR EACH OCCURRENCE \$\$5,000,000 **EXCESS LIAB CLAIMS-MADE AGGREGATE** \$\$5,000,000 DED RETENTION \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? 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 UBH000005 9/1/2021 9/1/2022 Participant Accident Medical \$100,000

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

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CERTIFICATE HOLDER	CANCELLATION
ROMEO/WASHINGTON/BRUCE PARKS AND REC SENIOR C Community Schools 361 MORTON	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE ENHER REPORT OF THE POLICY PROVISIONS.
ROMEO MI 48065	AUTHORIZED REPRESENTATIVE
	Gary D. Patterson
	Gary Patterson



DATE (MM/DD/YYYY)

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	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 USI Insurance Services NW						СТ					
	601 Union Street, Suite 1	000			PHONE (A/C, No	o. Ext):	206-441-6300)	FAX (A/C. No):		
	Seattle, WA 98101				E-MAIL ADDRE				() · · · · / ·		
						INS	SURER(S) AFFOR	RDING COVERAGE			NAIC#
					INSURE	RA: Everest	National Insu	rance Company			10120
INSUR					INSURE	кв: QBE Ins	surance Corp	oration			39217
Mic	chigan State Youth Soccer Ass 01 General Drive, Suite 120	ociat	ion		INSURE	RC:					
PIV	mouth MI 48170				INSURER D:						
,					INSURER E :						
					INSURE	RF:					
cov	ERAGES CEI	RTIFIC	ATE	NUMBER: 63796545				REVISION NUM	IBER:		
IND CEI	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)		LIMITS	S	
Α	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENC		\$\$1,00	00,000
	CLAIMS-MADE ✓ OCCUR							DAMAGE TO RENTE PREMISES (Ea occu		\$\$300	,000
								MED EVD (Amy one)		e Evolu	ıdad

LIN	IK			44 A D	I OLIOT NOMBER				~
Α	/	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
								MED EXP (Any one person)	\$ Excluded
								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	AU1	OMOBILE LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	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			SI8EX01724-211	9/1/2021	9/1/2022	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)						E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Par	ticipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000	

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

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CERTIFICATE HOLDER	CANCELLATION
Rose Pioneer Elementary School 7110 Milford Rd Holly MI 48442	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) 9/9/2021

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	SUBROGATION IS WAIVED, subject is certificate does not confer rights t							require an endorsement	. A sta	tement on	
_	DUCER USI Insurance Services N				CONTACT NAME:						
	601 Union Street, Suite 10				PHONE FAX						
	Seattle, WA 98101				(A/C, No, Ext): 206-441-6300 (A/C, No): E-MAIL ADDRESS:						
					INSURER(S) AFFORDING COVERAGE						
					INSURE	RA: Everest	National Insu	irance Company		10120	
INSU		:-	ion		INSURE	RB: QBE Ins	surance Corp	oration		39217	
	ichigan State Youth Soccer Ass 101 General Drive, Suite 120	ocia	lion		INSURE	RC:					
Ιĕ	ymouth MI 48170				INSURE	RD:					
	,				INSURE	RE:					
					INSURE	RF:					
CO	/ERAGES CER	TIFIC	CATE	NUMBER: 63796546				REVISION NUMBER:			
	IIS IS TO CERTIFY THAT THE POLICIES				VE BEE	N ISSUED TO			HE POLI	CY PERIOD	
CI	DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	PERT	AIN,	THE INSURANCE AFFORDI	ED BY	THE POLICIE	S DESCRIBE	D HEREIN IS SUBJECT TO			
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
A	COMMERCIAL GENERAL LIABILITY	INOD	WVD	SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1.00	0.000	
	CLAIMS-MADE ✓ OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,00	-,	
								MED EXP (Any one person)	\$ Exclud	ded	
								PERSONAL & ADV INJURY	\$\$1,00	0.000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	s \$5.00		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$\$1,00	<i>'</i>	
	OTHER:							Participant Legal Liabi	\$\$1,00		
Α	AUTOMOBILE LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	COMBINED SINGLE LIMIT	\$\$1,00		
^`	ANY AUTO			CIOGLOTOGT ZTT		0/1/2021	O/ I/EOLE	(Ea accident) BODILY INJURY (Per person)	\$ 1,00	0,000	
	OWNED SCHEDULED							` ' '			
	AUTOS ONLY AUTOS NON-OWNED							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
									\$		
	UMBRELLA LIAB ✓ OCCUR			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,00	0,000	
	✓ EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$\$5,00	0,000	
	DED RETENTION \$								\$		
	WORKERS COMPENSATION							PER OTH- STATUTE ER			
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE							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			
В	Participant Accident Medical			UBH000005		9/1/2021	9/1/2022	\$100,000	Ψ		
								, , , , , , , , , , , , , , , , , , , ,			
		//					<u> </u>				
DES	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (F	CORL	101, Additional Remarks Schedu	ie, may b	e attached if mor	e space is requir	ea)			
	s certificate is issued on behalf of Mich										
	rtificate holder is Additional Insured as r he state association. Waiver of Subroga						ed activities				
"	ne state association. Walver of Subroga	auon	appill	es when required by willer	i COHITE	ici.					
CEI	RTIFICATE HOLDER				CANO	ELLATION					
۱ ـ	DOOF VILLE DEC CENTED					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE					

ROSEVILLE REC CENTER 18185 SYCAMORE ST ROSEVILLE MI 48066 AUTHORIZED REPRESENTATIVE

THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

Gary Patterson

Gary D. Pitterson



DATE (MM/DD/YYYY)

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	raived, subject to the terms a		• •		an endorsement. A si	atement on				
this certificate does no	t confer rights to the certificate	holder in lieu of su	uch endorseme	nt(s).						
PRODUCER USI Insurance	ce Services NW		CONTACT NAME:							
601 Union S	treet, Suite 1000		PHONE (A/C, No, Ext):	206-441-6300	FAX (A/C, No):					
Seattle, WA	96101		E-MAIL ADDRESS:							
				INSURER(S) AFFORDING CO	OVERAGE	NAIC#				
			INSURER A : Eve	10120						
INSURED	h O Ai-ti		INSURER B: QBE	39217						
9401 General Drive	h Soccer Association Suite 120		INSURER C :							
Plymouth MI 48170)		INSURER D :							
•			INSURER E :							
			INSURER F:							
COVERAGES	CERTIFICATE NUM	IBER: 63796547		REVIS	SION NUMBER:					
	AT THE POLICIES OF INSURANCE									
	TANDING ANY REQUIREMENT, TE SSUED OR MAY PERTAIN, THE IN									
	ITIONS OF SUCH POLICIES. LIMITS				LIN IS SUBJECT TO ALL	THE TERMS,				
INSR TYPE OF INSU	RANCE ADDL SUBR	POLICY NUMBER	POLICY E	FF POLICY EXP	LIMITS					

INSR LTR	ISR TR TYPE OF INSURANCE		ADDL INSD	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	
Α	1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
								MED EXP (Any one person)	\$ Excluded
								PERSONAL & ADV INJURY	\$\$1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$\$5,000,000
		POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$\$1,000,000
		OTHER:						Participant Legal Liabi	\$\$1,000,000
Α	AUT	TOMOBILE LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	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			SI8EX01724-211	9/1/2021	9/1/2022	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 7/N	N/A					E.L. EACH ACCIDENT	\$
	OFFICER/MEMBEREXCLUDED? (Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Part	ticipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000	

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

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CERTIFICATE HOLDER	CANCELLATION
ROSIE'S PARK 1111 E. FARMUM MADISON HEIGHTS MI 48071	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) 9/9/2021

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the nolicy(les) must have ADDITIONAL INSURED provisions or be endorsed

	SUE	BROGATION IS V	VAIVED, subject	to ti	he te	rms and conditions of the ificate holder in lieu of si	e polic	cy, certain p	olicies may			. A sta	atement on
		R USI Insuran					CONTA NAME:		,				
		601 Union S	Street, Suite 10	000			PHONE		206-441-6300		FAX		
		Seattle, WA					PHONE (A/C, No, Ext): 206-441-6300 FAX (A/C, No): E-MAIL ADDRESS:						
													NAIC#
INSU	RFD									rance Company			10120
		gan State You	th Soccer Ass	ocia	tion			RB: QBE Ins	surance Corp	oration			39217
94	401	General Drive	, Suite 120				INSURE						
l b	lym	outh MI 48170)				INSURE						
							INSURE	RE:					
<u> </u>							INSURE	RF:					
		AGES				NUMBER: 63796548	<u> </u>	N. IOOLIED TO		REVISION NUM		IE BOL	IOV DEDICE
						RANCE LISTED BELOW HAY NT, TERM OR CONDITION							
CE	ERTI	FICATE MAY BE I	SSUED OR MAY	PERT	AIN,	THE INSURANCE AFFORD	ED BY	THE POLICIE	S DESCRIBE	D HEREIN IS SUE			
		JSIONS AND CONE	DITIONS OF SUCH			LIMITS SHOWN MAY HAVE	BEEN F	POLICY EFF	PAID CLAIMS. POLICY EXP				
INSR LTR		TYPE OF INSU	JRANCE	INSD	SUBR WVD			(MM/DD/YYYY)	(MM/DD/YYYY)		LIMITS	3	
Α	1	COMMERCIAL GENE	RAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENC	E	\$\$1,00	00,000
		CLAIMS-MADE	✓ OCCUR							DAMAGE TO RENTE PREMISES (Ea occu	rrence)	\$\$300	,000
										MED EXP (Any one p	person)	\$ Exclu	ıded
										PERSONAL & ADV I	NJURY	\$\$1,00	00,000
	GEN	N'L AGGREGATE LIMIT	APPLIES PER:							GENERAL AGGREG		\$\$5,000,000	
	POLICY JECT LOC								PRODUCTS - COMP	P/OP AGG	\$\$1,00	00.000	
		OTHER:								Participant Lega	I I iabi	\$\$1,00	•
Α	_					SI8GL01851-211		9/1/2021	9/1/2022	COMBINED SINGLE (Ea accident)	LIMIT	\$\$1,00	
	ANY AUTO									BODILY INJURY (Pe		\$,0,000
	OWNED SCHEDULED							BODILY INJURY (Pe	r accident)	\$			
	_/	AUTOS ONLY HIRED AUTOS ONLY	AUTOS NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	E	\$	
		AUTOS ONLT	AUTOS ONLT							(i ci accident)		\$	
		UMBRELLA LIAB	✓ OCCUR			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURRENC	E	\$\$5,00	00.000
	1	EXCESS LIAB	CLAIMS-MADE							AGGREGATE		\$\$5,00	•
		DED RETENT	ION \$									\$	
		RKERS COMPENSATIO	N							PER STATUTE	OTH- ER		
	ANY	EMPLOYERS' LIABILI' PROPRIETOR/PARTNE	R/EXECUTIVE TITIES							E.L. EACH ACCIDEN		\$	
	OFF	CER/MEMBEREXCLUD	ED?	N/A						E.L. DISEASE - EA E			
	If yes	s, describe under CRIPTION OF OPERAT	TIONS below							E.L. DISEASE - POL			
В		ticipant Accident N				UBH000005		9/1/2021	9/1/2022	\$100,000		<u> </u>	
DESC	CRIPT	ION OF OPERATIONS	/ LOCATIONS / VEHIC	LES (A	ACORE	101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requir	ed)			
					_								
						Youth Soccer Association e operations of the Named							
of 1	the s	tate association.	Waiver of Subroga	ation	appli	es when required by writter	n contra	act.	ica dolivilios				
<u></u>		10 A TE 1:0: 5					06375	SELL A 21011					
CE	KIIF	ICATE HOLDER	<u> </u>				CANC	CELLATION					
							SHO	OULD ANY OF	THE ABOVE D	ESCRIBED POLIC	IES BE CA	NCELI	ED BEFORE
<u>F</u>	ota	ry Park					THE	EXPIRATION	N DATE TH	REOF, NOTICE			
54 W	405 ₂ †2	Tubbs Rd. rford MI 4832	g				ACC	ORDANCE WI	TH THE POLIC	Y PROVISIONS.			
''	aio	TOTALIVIT TOOL	•				AUTHORIZED REPRESENTATIVE						

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Gary D. Putterson

Gary Patterson



DATE (MM/DD/YYYY) 9/9/2021

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

	f SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on									
th	nis certificate does not confer rights to the certificate holder in lieu of s									
PROD	DUCER USI Insurance Services NW	CONTACT NAME:								
	601 Union Street, Suite 1000	PHONE (A/C, No, Ext): 206-441-6300 (A/C, No):								
	Seattle, WA 98101	E-MAIL ADDRESS:								
		INSURER(S) AFFORDING COVERAGE	NAIC#							
		INSURER A: Everest National Insurance Company	10120							
INSU		INSURER B: QBE Insurance Corporation	39217							
IVI Q∠	lichigan State Youth Soccer Association 401 General Drive, Suite 120	INSURER C:								
PI	lymouth MI 48170	INSURER D:								
	,	INSURER E :								
		INSURER F:								
CO	VERAGES CERTIFICATE NUMBER: 63796549	REVISION NUMBER:								
TH	HIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA	VE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLIC	CY PERIOD							
IN	IDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION	OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO W	HICH THIS							
CE	ERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORI	ED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL TH	HE TERMS,							
EΣ	XCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVI	BEEN REDUCED BY PAID CLAIMS.								
INSR LTR	TYPE OF INSURANCE ADDL SUBR INSD WVD POLICY NUMBER	POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS								
Α	COMMERCIAL GENERAL LIABILITY SI8GL01851-211	9/1/2021 9/1/2022 EACH OCCURRENCE \$\$1,000	0.000							
	CLAIMS-MADE / OCCUR	DAMAGE TO RENTED PREMISES (Fa occurrence) \$\$300.0	,							

LTR	LTR TYPE OF INSURANCE		INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS		
Α	1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE DAMAGE TO RENTED	\$\$1,000,000	
1		CLAIMS-MADE ✓ OCCUR						PREMISES (Ea occurrence)	\$\$300,000	
								MED EXP (Any one person)	\$ Excluded	
								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			SI8GL01851-211	9/1/2021	9/1/2022	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			SI8EX01724-211	9/1/2021	9/1/2022	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 7/N	N/A					E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBEREXCLUDED? (Mandatory in NH)		117.74					E.L. DISEASE - EA EMPLOYEE	\$	
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
В	Par	ticipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000		

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 & Michigan Youth Soccer League 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
Royal Oak High School 1500 Lexington Blvd Royal Oak MI 48073	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) 9/9/2021

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lf	SUE	RTANT: If the certificate holder in BROGATION IS WAIVED, subject ertificate does not confer rights to	to th	ne ter	rms and conditions of th	e polic	y, certain p	olicies may			
PROI	UCE	R USI Insurance Services NV 601 Union Street, Suite 10 Seattle, WA 98101	N 00			CONTA NAME: PHONE (A/C, No E-MAIL ADDRE	o, Ext): 2	206-441-6300) FAX (A/C, No):		
								SURER(S) AFFOR	RDING COVERAGE		NAIC#
							RA: Everest	National Insu	rance Company		10120
INSU						INSURE	кв: QBE Ins	surance Corp	oration		39217
		igan State Youth Soccer Asso General Drive, Suite 120	ociai	ion		INSURE	RC:				
PI	ym	outh MI 48170				INSURE	RD:				
						INSURE	RE:				
						INSURE	RF:				
					NUMBER: 63796550	REVISION NUMBER:					
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRA CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED I						Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPECT TO	CT TO W	HICH THIS	
INSR LTR				SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	/	CLAIMS-MADE OCCUR			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,000 \$\$300,0	,
									MED EXP (Any one person)	\$ Exclud	led
									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			SI8GL01851-211		9/1/2021	9/1/2022	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			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,000	,000
	✓	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$\$5,000	,000
		DED RETENTION \$								\$	

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

UBH000005

N/A

This certificate is issued on behalf of Michigan State Youth Soccer Association & Michigan Youth Soccer League 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
Royal Oak Middle School 709 N. Washington Royal Oak MI 48067	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 ###################################

9/1/2021

9/1/2022

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PER STATUTE

E.L. EACH ACCIDENT

\$100,000

E.L. DISEASE - EA EMPLOYEE

E.L. DISEASE - POLICY LIMIT

\$

WORKERS COMPENSATION

AND EMPLOYERS' LIABILITY
ANYPROPRIETOR/PARTNER/EXECUTIVE
OFFICER/MEMBEREXCLUDED?

If yes, describe under DESCRIPTION OF OPERATIONS below

Participant Accident Medical

(Mandatory in NH)



DATE (MM/DD/YYYY) 9/9/2021

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

		BROGATION IS WAIVED, subje ertificate does not confer rights				uch endors			require an endor	rsement	. Ast	atement on
PRO	DUCE	R USI Insurance Services				CONTACT NAME:						
601 Union Street, Suite 1000							: 2	206-441-6300		FAX (A/C, No):		
Seattle, WA 98101						PHONE (A/C, No, Ext): E-MAIL ADDRESS:			4.			
						INSURER(S) AFFORDING COVERAGE NAIC #						
						INSURER A: Everest National Insurance Company						10120
INSURED							INSURER B: QBE Insurance Corporation					39217
Michigan State Youth Soccer Association						INSURER C:						
9401 General Drive, Suite 120 Plymouth MI 48170							INSURER D :					
1 lymodul ivii 40170							INSURER E :					
							INSURER F:					
CO	VER	RAGES CE	REVISION NUMBER:									
COVERAGES CERTIFICATE NUMBER: 63796551 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		TYPE OF INSURANCE ADDL SUBR INSD WVD POLICY NUMBER				POL (MM/	JCY EFF	POLICY EXP (MM/DD/YYYY)	LIMITS			
A	1	COMMERCIAL GENERAL LIABILITY		1.775	SI8GL01851-211		9/1/2021	9/1/2022				00,000
	Ė	CLAIMS-MADE ✓ OCCUR							DAMAGE TO RENTED		\$\$300	
									MED EXP (Any one pe		\$ Exclu	<i>'</i>
									PERSONAL & ADV IN			
	GEI	AGGREGATE LIMIT APPLIES PER:								\$\$5,00		
		OLICY PRO-							PRODUCTS - COMP/		\$\$1,00	
		OTHER:							Participant Legal			
Α	AUTOMOBILE LIABILITY				SI8GL01851-211	9/1/	2021	9/1/2022	COMBINED SINGLE I (Ea accident)	18.417	\$\$1,00	
		ANY AUTO							BODILY INJURY (Per		\$	50,000
	OWNED SCHEDULED								BODILY INJURY (Per	accident)	\$	
	/	AUTOS ONLY HIRED NON-OWNED AUTOS ONLY AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$		\$		
	_	AUTOS ONLY AUTOS ONLY							(Fer accident)		\$	
		UMBRELLA LIAB VOCCUR			SI8EX01724-211	9/1/	2021	9/1/2022	EACH OCCURRENCE	=	\$\$5,00	00 000
	1	EXCESS LIAB CLAIMS-MADE DED RETENTION \$									\$\$5.00	
									\$			50,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below								PER STATUTE	OTH- ER	Ψ	
									E.L. EACH ACCIDEN		\$	
									E.L. DISEASE - EA EMPLOYEE \$			
								E.L. DISEASE - POLICY LIMIT \$				
В					UBH000005	9/1/	2021	9/1/2022	\$100,000			
		·										
DES	CRIP	TION OF OPERATIONS / LOCATIONS / VEH	CLES (ACORE	101. Additional Remarks Schedu	le. mav be attac	ched if more	space is require	ed)			
l									•			
This certificate is issued on behalf of Michigan State Youth Soccer Association & Michigan Youth Soccer League 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 CANO							ATION					
CENTILICATE HOLDER						CANCELL	ATION					
i						1						

RSC Field Complex 3200 Dutton Road Auburn Hills MI 48326 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. Pitterson



DATE (MM/DD/YYYY) 9/9/2021

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	DUCER USI Insurance Services N		55.1		CONTA		<i>,</i> ·				
	601 Union Street, Suite 10				NAME: PHONE OOG 444 6200 FAX						
	Seattle, WA 98101				(A/C, No, Ext): 206-441-6300 (A/C, No): E-MAIL ADDRESS:						
					INSURER(s) AFFORDING COVERAGE INSURER A: Everest National Insurance Company					NAIC# 10120	
INSURED						INSURER B: QBE Insurance Corporation					
Michigan State Youth Soccer Association						INSURER B: QBE Insurance Corporation INSURER C:					
9. P	401 General Drive, Suite 120 lymouth MI 48170				INSURER D :						
	iyinodarivii 40170				INSURER E :						
						INSURER F:					
COVERAGES CER			CATE	NUMBER: 63796552	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	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S		
Α	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE DAMAGE TO RENTED	\$\$1,00		
	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence) \$\$300		•	
								MED EXP (Any one person)	\$ Exclu		
								PERSONAL & ADV INJURY	\$\$1,000,000 \$\$5,000,000		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$\$1,000,000		
	OTHER:							Participant Legal Liabi	\$\$1,000,000		
Α	AUTOMOBILE LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	COMPUNED OUTOLE LUMBE	\$\$1,00		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS ONLY AUTOS							, , , , , ,	\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB / OCCUR			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,00	00,000	
	✓ EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$ \$5,00	00,000	
	DED RETENTION \$ WORKERS COMPENSATION							PER OTH	\$		
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below							PER OTH- STATUTE ER			
								E.L. EACH ACCIDENT	\$		
								E.L. DISEASE - EA EMPLOYEE			
В				UBH000005		9/1/2021	9/1/2022	E.L. DISEASE - POLICY LIMIT \$ \$100,000			
	·										
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	.ES (A	CORD	101, Additional Remarks Schedul	e, may be	e attached if mor	e space is require	ea)			
This certificate is issued on behalf of Michigan State Youth Soccer Association & Michigan Youth Soccer League 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					
Saginaw Athletic Club 6125 Gratiot Road Saginaw MI 48638						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						

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Gary D. Putterson

Gary Patterson



DATE (MM/DD/YYYY) 9/9/2021

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	If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on									
thi	s certificate does not confer rights	to the cer	tificate holder in lieu of si	uch end).				
PROD	PRODUCER USI Insurance Services NW									
	601 Union Street, Suite 1	PHONE (A/C, No	, Ext):	206-441-6300)	FAX (A/C, No):				
	Seattle, WA 98101			E-MAIL ADDRES	SS:					
					INS	SURER(S) AFFOR	RDING COVERAGE		NAIC	: #
				INSURE	RA: Everest	National Insu	ırance Company	/	10120)
INSUR	 -			INSURE	кв: QBE Ins	surance Corp	oration		39217	7
IVII Q <i>A</i>	chigan State Youth Soccer Ass 01 General Drive, Suite 120	sociation		INSURER C:						
	mouth MI 48170			INSURER D:						
				INSURER E :						
				INSURER F:						
COV	ERAGES CE	RTIFICAT	E NUMBER: 63796553				REVISION NUI	VIBER:		
THI	S IS TO CERTIFY THAT THE POLICIE	S OF INSU	IRANCE LISTED BELOW HA'	VE BEE	N ISSUED TO	THE INSURE	ED NAMED ABOV	E FOR TH	E POLICY PER	IOD
IND	ICATED. NOTWITHSTANDING ANY R	REQUIREM	ENT, TERM OR CONDITION	OF ANY	CONTRACT	OR OTHER I	DOCUMENT WITH	H RESPEC	T TO WHICH T	HIS
CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED					THE POLICIE	S DESCRIBEI	D HEREIN IS SU	BJECT TC	ALL THE TER	.MS,
EX	CLUSIONS AND CONDITIONS OF SUCH	POLICIES	S. LIMITS SHOWN MAY HAVE	BEEN R	REDUCED BY	PAID CLAIMS.				
INSR LTR	TYPE OF INSURANCE	ADDL SUB INSD WVI			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	;	
Α	COMMERCIAL GENERAL LIABILITY		SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE		\$\$1,000,000	
	CLAIMS MADE / OCCUP						DAMAGE TO RENT	ED .	¢ ¢200 000	

LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
Α	1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
								MED EXP (Any one person)	\$ Excluded
								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			SI8GL01851-211	9/1/2021	9/1/2022	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			SI8EX01724-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,000,000
	1	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$\$5,000,000
		DED RETENTION \$							\$
		KERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Mar	datory in NH)						E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Par	icipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000	

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 & Michigan Youth Soccer League 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
Saginaw Nouvel Catholic Church 25555 Wieneke Road Saginaw MI 48603	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 Harry D. Patterson
1	Gary Patterson



DATE (MM/DD/YYYY)

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this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).							
PRODUCER USI Insurance Services	NW	CONTACT NAME:					
601 Union Street, Suite		PHONE (A/C, No, Ext): 206-441-6300 (A/C, No):					
Seattle, WA 98101		E-MAIL ADDRESS:					
			INSURER(S) AFFORDING COVERAG	E	NAIC#		
		INSURER A: Ever	est National Insurance Compa	ıny	10120		
INSURED		INSURER B: QBE Insurance Corporation					
Michigan State Youth Soccer As 9401 General Drive, Suite 120	ssociation	INSURER C:					
Plymouth MI 48170		INSURER D :					
		INSURER E :					
		INSURER F:					
COVERAGES CE	ERTIFICATE NUMBER: 63796554		REVISION N	IUMBER:			
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 MA	V DERTAIN THE INCLIDANCE AFFORD	ED BY THE POLICE	TIES DESCRIBED HEREIN IS	SUBJECT TO ALL	THE TERMS		

EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. POLICY EFF POLICY EXP (MM/DD/YYYY) INSR LTR ADDL SUBR **TYPE OF INSURANCE** POLICY NUMBER INSD WVD COMMERCIAL GENERAL LIABILITY Α SI8GL01851-211 9/1/2021 9/1/2022 EACH OCCURRENCE DAMAGE TO RENTED \$\$1,000,000 CLAIMS-MADE ✓ OCCUR \$\$300,000 PREMISES (Ea occurrence) MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$\$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$\$5,000,000 PRO-JECT POLICY LOC PRODUCTS - COMP/OP AGG \$\$1,000,000 \$\$1,000,000 OTHER: Participant Legal Liabi COMBINED SINGLE LIMIT (Ea accident) Α **AUTOMOBILE LIABILITY** SI8GL01851-211 9/1/2021 9/1/2022 \$\$1,000,000 ANY AUTO BODILY INJURY (Per person) SCHEDULED AUTOS NON-OWNED OWNED AUTOS ONLY HIRED BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTOS ONLY **AUTOS ONLY** UMBRELLA LIAB SI8EX01724-211 9/1/2021 9/1/2022 / OCCUR EACH OCCURRENCE \$\$5,000,000 **EXCESS LIAB CLAIMS-MADE AGGREGATE** \$\$5,000,000 DED RETENTION \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? 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 UBH000005 9/1/2021 9/1/2022 Participant Accident Medical \$100,000

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 & Michigan Youth Soccer League 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
SAGINAW VALLEY STATE UNIVERSITY 7400 BAY RD SAGINAW MI 48602	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) 9/9/2021

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 lieu of such endorsement(s).							
PRODUCER USI Insurance Services NW	CONTACT NAME:						
601 Union Street, Suite 1000	PHONE (A/C, No, Ext): 206-441-6300 FAX (A/C, No):						
Seattle, WA 98101	E-MAIL ADDRESS:						
	INSURER(S) AFFORDING COVERAGE	NAIC#					
	INSURER A: Everest National Insurance Company	10120					
INSURED	INSURER B: QBE Insurance Corporation	39217					
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:						
Plymouth MI 48170	INSURER D:						
,	INSURER E:						
	INSURER F:						
COVERAGES CERTIFICATE NUMBER: 63796555	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							

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
TYPE OF INSURANCE

ADDL SUBR WWD POLICY NUMBER

POLICY EFF (MM/DD/YYYY) (MM/DD/YYYY)

LIMITS

CONTRACTOR OF THE POLICY PERIOD TO THE INSURANCE OF THE POLICY PERIOD TO THE P

INSR		TYPE OF INSURANCE		SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
Α	1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
								MED EXP (Any one person)	\$ Excluded
								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			SI8GL01851-211	9/1/2021	9/1/2022	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			SI8EX01724-211	9/1/2021	9/1/2022	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)						E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Par	ticipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000	

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 & Michigan Youth Soccer League 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
SAGINAW VALLEY STATE UNIVERSITY 7400 BAY ROAD UNIVERSITY CENTER MI 48710	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	Gary Patterson
·	• • • • • • • • • • • • • • • • • • • •



DATE (MM/DD/YYYY) 9/9/2021

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).

ITACT IE:				
PHONE (A/C, No. Ext): 206-441-6300 (A/C, No):				
AIL RESS:				
INSURER(S) AFFORDING COVERAGE	NAIC#			
INSURER A: Everest National Insurance Company				
INSURER B: QBE Insurance Corporation				
JRER C :				
JRER D :				
INSURER E :				
JRER F :				
REVISION N	JMBER:			
JRE JRE	D. Ext): 206-441-6300 SSS: INSURER(S) AFFORDING COVERAGE ER A: Everest National Insurance Compare ER B: QBE Insurance Corporation ER C: ER D: ER E:			

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		SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
							MED EXP (Any one person)	\$ Excluded
							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	AU1	TOMOBILE LIABILITY		SI8GL01851-211	9/1/2021	9/1/2022	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		SI8EX01724-211	9/1/2021	9/1/2022	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 T N	N/A				E.L. EACH ACCIDENT	\$
	OFFICER/MEMBEREXCLUDED? (Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
В	Par	ticipant Accident Medical		UBH000005	9/1/2021	9/1/2022	\$100,000	

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 & Michigan Youth Soccer League 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
SAGINAW VALLEY STATE UNIVERSITY SOCCER FIELD 7400 BAY ROAD SAGINAW MI 48603	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 ###################################
	dary ratterson



DATE (MM/DD/YYYY)

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this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).							
PRODUCER USI Insurance Serv	vices NW	CONTACT NAME:					
601 Union Street, S		PHONE (A/C, No. Ext):	206-441-6300	FAX (A/C, No):			
Seattle, WA 98101		E-MAIL ADDRESS:					
			INSURER(S) AFFORDING COVERA	AGE	NAIC#		
		INSURER A : Ever	est National Insurance Comp	oany	10120		
INSURED		INSURER B : QBE	39217				
Michigan State Youth Soco 9401 General Drive, Suite	er Association	INSURER C :					
Plymouth MI 48170	120	INSURER D :					
,		INSURER E :					
		INSURER F:					
COVERAGES	CERTIFICATE NUMBER: 63796557		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 NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
Α	^	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000	
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000	
								MED EXP (Any one person)	\$ Excluded	
								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			SI8GL01851-211	9/1/2021	9/1/2022	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 VON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
		UMBRELLA LIAB ✓ OCCUR			SI8EX01724-211	9/1/2021	9/1/2022	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							\$	
В	Part	ticipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000		

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 & Michigan Youth Soccer League 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
Saline High School Soccer Fields 1300 Campus Pkway Saline MI 48178	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)

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

	SUBROGATION IS WAIVE								equire an end	orsement	. A sta	atement on
_	DUCER USI Insurance S		mouto notadi in noa di di	CONTA NAME:		<u>,. </u>						
	601 Union Street					PHONE (A/C, No	- F4\-	206-441-6300		FAX (A/C, No):		
	Seattle, WA 9810	01				E-MAIL ADDRE	99.	-000 441 0000		(A/C, NO).		
						ADDRE		SUDED(S) AEEOD	DING COVERAGE			NAIC#
						INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Everest National Insurance Company 10120						
INSL	IRED							surance Corp	•			39217
M	lichigan State Youth So	occer Asso	ciat	ion		INSURE		burarioc corp.	Jianon			00217
	401 General Drive, Sui lymouth MI 48170	ite 120				INSURE						
l '	iyinodii ivii 40170					INSURE						
						INSURE						
co	VERAGES	CERT	IFIC	ATE	NUMBER: 63796558				REVISION NUI	MBER:	·	
	HIS IS TO CERTIFY THAT TH	HE POLICIES	OF II	NSUF	RANCE LISTED BELOW HAV			THE INSURE	D NAMED ABOV	E FOR TI		
	IDICATED. NOTWITHSTAND ERTIFICATE MAY BE ISSUE											
	XCLUSIONS AND CONDITION								HEREIN IS SU	DJECT IC	J ALL I	HE TERIVIS,
INSR LTR	TYPE OF INSURANC	E A	NSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
A	✓ COMMERCIAL GENERAL LIA		NOD	****	SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURREN	CE	\$\$1,00	00.000
	CLAIMS-MADE 🗸	OCCUR							DAMAGE TO RENT PREMISES (Ea occ	ED	\$\$300	
									MED EXP (Any one		\$ Exclu	<i></i>
									PERSONAL & ADV		\$\$1.00	
	GEN'L AGGREGATE LIMIT APPLIE	ES PER:							GENERAL AGGRE		\$\$5,00	
	POLICY PRO- JECT	Loc							PRODUCTS - COM	P/OP AGG	\$\$1.00	00.000
	OTHER:	_							Participant Leg		\$\$1.00	
A AUTOMOBILE LIABILITY SI8GL01851-211					SI8GL01851-211		9/1/2021	9/1/2022	COMBINED SINGLI (Ea accident)	ELIMIT	\$\$1,00	00,000
ANY AUTO									BODILY INJURY (P	er person)	\$	
	AUTOS ONLY AUT	HEDULED TOS							BODILY INJURY (P	er accident)	\$	
	HIRED NON	N-OWNED TOS ONLY							PROPERTY DAMA((Per accident)	3E	\$	
											\$	
	UMBRELLA LIAB 🗸	OCCUR			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURREN	CE	\$\$5,00	00,000
	✓ EXCESS LIAB	CLAIMS-MADE							AGGREGATE		\$\$5,00	00,000
	DED RETENTION \$										\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY								PER STATUTE	OTH- ER		
	ANYPROPRIETOR/PARTNER/EXEC OFFICER/MEMBEREXCLUDED?	CUTIVE Y/N	N/A						E.L. EACH ACCIDE	NT	\$	
	(Mandatory in NH)		.,,						E.L. DISEASE - EA	EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS b								E.L. DISEASE - PO	LICY LIMIT	\$	
В	Participant Accident Medica	al			UBH000005		9/1/2021	9/1/2022	\$100,000			
DES	CRIPTION OF OPERATIONS / LOCA	ATIONS / VEHICLE	ES (A	CORD	101, Additional Remarks Schedu	le, may b	e attached if mor	e space is require	ed)			
	is certificate is issued on bel											
	rtificate holder is Additional the state association. Waive							ed activities				
"	ine state association. Walve	er or Subrogat		арріїс	ss when required by writter	COILLE	ici.					
CE	RTIFICATE HOLDER					CANO	ELLATION					-
						SHO	ULD ANY OF	THE ABOVE D	ESCRIBED POLIC	CIES BE C	ANCELL	.ED BEFORE
Ş	choolcraft College					THE	EXPIRATION	N DATE THE	REOF, NOTICE			
	8600 Haggerty Řd. ivonia MI 48152					ACC	ORDANCE WI	IH THE POLIC	Y PROVISIONS.			
						ΔΙΙΤΗΟ	RIZED REPRESE	NTATIVE				
						701110	MELD VELKESE		W-4 10	0-	tarani.	.
l								***	fary D.	ince	LAN	7/1

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DATE (MM/DD/YYYY) 9/9/2021

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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 con this certificate does not confer rights to the certificate holde			require an endorseme	nt. A statement on			
PRODUCER USI Insurance Services NW	CONTACT NAME:	nent(s).					
601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-441-6300	FAX (A/C, No):			
Seattle, WA 98101	E-MAIL ADDRESS:						
		INSURER(S) AFFOR	DING COVERAGE	NAIC#			
	INSURER A : E	Everest National Insu	rance Company	10120			
INSURED	INSURER B : C	QBE Insurance Corp	oration	39217			
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C :	INSURER C:					
Plymouth MI 48170	INSURER D :						
,	INSURER E :						
	INSURER F:						
COVERAGES CERTIFICATE NUMBER:	63796559		REVISION NUMBER:				
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTER							
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURAN							
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOW			J HEREIN 10 0000E01	TO ALL THE TERMO,			
INSR LTR TYPE OF INSURANCE ADDL SUBR INSD WVD POL		CY EFF POLICY EXP (MM/DD/YYYY)	LIM	ITS			
A COMMERCIAL GENERAL LIABILITY SI8GL01851	1-211 9/1/20	021 9/1/2022	EACH OCCURRENCE	\$\$1,000,000			
CLAIMS-MADE ✓ OCCUR			DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000			

LIN		= 0	III	44 A D	I OLIOT NOMBER				
Α	1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
								MED EXP (Any one person)	\$ Excluded
								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			SI8GL01851-211	9/1/2021	9/1/2022	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			SI8EX01724-211	9/1/2021	9/1/2022	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)						E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Par	ticipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000	

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 & Michigan Youth Soccer League 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
Schuchard Elementary School 2900 Holly Drive Sterling Heights MI 48310	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	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.

	SUBROGATION IS WAIVED, subject is certificate does not confer rights t							require an end	orsement	. A st	atement on
_	DUCER USI Insurance Services N			inoute notaer in nea or or	CONTA NAME:		·/·				
	601 Union Street, Suite 10			PHONE (A/C, No		206-441-6300	1	FAX			
	Seattle, WA 98101				E-MAIL ADDRE	o, Ext):	200-441-0300)	(A/C, No):		
					INSURER(S) AFFORDING COVERAGE NAIC #						
					INSURER A: Everest National Insurance Company 10120						
INSL	RED						surance Corp		<u>/</u>		39217
M	lichigan State Youth Soccer Asso	ociat	tion		INSURE		surance corp	oration			00217
	401 General Drive, Suite 120 lymouth MI 48170				INSURE						
「	iyinodiri wii 48170				INSURE						
					INSURE						
co	VERAGES CER	TIFIC	CATE	E NUMBER: 63796560	INCORE	-IX 1 .		REVISION NU	MBER:		
	HIS IS TO CERTIFY THAT THE POLICIES				VE BEE	N ISSUED TO				HE POL	ICY PERIOD
	DICATED. NOTWITHSTANDING ANY RE										
	ERTIFICATE MAY BE ISSUED OR MAY KOLUSIONS AND CONDITIONS OF SUCH								DBJECT TO) ALL	THE TERMS,
INSR LTR			SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
A	COMMERCIAL GENERAL LIABILITY	INSD	WVD	SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURREN			00,000
	CLAIMS-MADE OCCUR							DAMAGE TO RENT PREMISES (Ea occ	ΓED	\$\$300	,
	CEANNO-IVIABL							MED EXP (Any one	,	\$ Exclu	,
								PERSONAL & ADV			00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE			00,000
	POLICY PRO- JECT LOC							PRODUCTS - COM			00,000
	OTHER:							Participant Leg			00,000
Α	AUTOMOBILE LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	COMBINED SINGL (Ea accident)			00,000
	ANY AUTO							BODILY INJURY (F	Per person)	\$	30,000
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (F	Per accident)	\$	
	HIRED AUTOS ONLY AUTOS ONLY							PROPERTY DAMA (Per accident)	GE	\$	
	AUTOS ONET							(i ci accident)		\$	
	UMBRELLA LIAB ✓ OCCUR			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURREN	ICE	\$ \$5.00	00,000
	✓ EXCESS LIAB CLAIMS-MADE							AGGREGATE			00,000
	DED RETENTION \$									\$,
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
	ANYPROPRIETOR/PARTNER/EXECUTIVE TO THE	N/A						E.L. EACH ACCIDE		\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA	EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PO	LICY LIMIT	\$	
В	Participant Accident Medical			UBH000005		9/1/2021	9/1/2022	\$100,000			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	ES (A	CORE	0 101, Additional Remarks Schedu	le, may b	e attached if mor	e space is require	ed)			
l _{Th}	is certificate is issued on behalf of Mich	igan :	State	Youth Soccer Association	& Mich	igan Youth Sc	occer League				
Ce	rtificate holder is Additional Insured as r	espe	cts th	e operations of the Named	Insure	d for sanction					
OT	the state association. Waiver of Subroga	ation	appıı	es when required by writter	n contra	act.					
CE	RTIFICATE HOLDER				CANO	CELLATION					
s	cripps Middle School							ESCRIBED POLICE EREOF, NOTICE			
l 3	85 É Scripps Rd.							Y PROVISIONS.			
L	ake Orion MI 48360										
					AUTHO	RIZED REPRESE		-	_	_	
							r.	Fary D.	Hill	UNG	m

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DATE (MM/DD/YYYY) 9/9/2021

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.

	SUBROGATION IS WAIVED, subject is certificate does not confer rights to							require an endorsement.	A sta	tement on
PRO	DUCER USI Insurance Services NV	N			CONTAC NAME:	СТ				
	601 Union Street, Suite 10				PHONE (A/C, No	. Evt): 2	206-441-6300	FAX (A/C, No):		
	Seattle, WA 98101				E-MAIL ADDRESS:					
					INSURER(S) AFFORDING COVERAGE NAIC #					
										10120
INSU	RED					RB: QBE Ins		• •		39217
M	lichigan State Youth Soccer Asso	ciat	tion		INSURE		urance corp	Diation		33217
94	401 General Drive, Suite 120									
P	lymouth MI 48170				INSURE					
					INSURE					
	VERAGES CERT	TIEIC	`	NUMBER: 63796561	INSURE	KF:		REVISION NUMBER:		
	HIS IS TO CERTIFY THAT THE POLICIES				/F RFF	N ISSUED TO			= POLI	CY PERIOD
IN CI E)	IDICATED. NOTWITHSTANDING ANY REI ERTIFICATE MAY BE ISSUED OR MAY F XCLUSIONS AND CONDITIONS OF SUCH F	QUIR PERT POLIC	REMEI AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN'	Y CONTRACT THE POLICIES REDUCED BY F	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPECT	T TO V	VHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
Α	✓ COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022		\$1,00	0,000
	CLAIMS-MADE ✓ OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$	\$300,	000
								MED EXP (Any one person) \$	Exclu	ded
								PERSONAL & ADV INJURY \$	\$1,00	0,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$	\$5,00	0,000
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG \$	\$1,00	0,000
	OTHER:							Participant Legal Liabi \$	\$1,00	0,000
A AUTOMOBILE LIABILITY SI8GL0185				SI8GL01851-211		9/1/2021	9/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$1,00	0,000
	ANY AUTO							BODILY INJURY (Per person) \$	3	,
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident) \$	5	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	5	
	AGTGG GINET							\$	3	
	UMBRELLA LIAB ✓ OCCUR			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURRENCE \$	\$5,00	0,000
	✓ EXCESS LIAB CLAIMS-MADE							AGGREGATE \$	\$5,00	0,000
	DED RETENTION \$							\$	<i></i>	,
	WORKERS COMPENSATION							PER OTH- STATUTE ER		
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE Y/N							E.L. EACH ACCIDENT \$	 S	
	OFFICER/MEMBEREXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE \$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$		
В	Participant Accident Medical			UBH000005		9/1/2021	9/1/2022	\$100,000		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORD	101, Additional Remarks Schedu	le, may be	attached if more	space is require	ed)		
Ce	is certificate is issued on behalf of Michi rtificate holder is Additional Insured as re the state association. Waiver of Subroga	espe	cts the	e operations of the Named	Insure	d for sanction				
					04115	VEL 1 4 E 10 1 1				
CEI	RTIFICATE HOLDER				CANC	ELLATION				
24	eaholm High School 436 W. Lincoln Ave. irmingham MI 48009				THE	EXPIRATION	DATE THE	ESCRIBED POLICIES BE CAN EREOF, NOTICE WILL BE Y PROVISIONS.		
					AUTHO	RIZED REPRESEI	NTATIVE			

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Gary D. Putterson



DATE (MM/DD/YYYY) 9/9/2021

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

		BROGATION IS WAIVED, subject ertificate does not confer rights to							require an endo	rsement	. A st	atement on
_		ER USI Insurance Services N				CONTAC NAME:		<i>y</i> -				
		601 Union Street, Suite 10				PHONE	F-4): (206-441-6300		FAX		
		Seattle, WA 98101				E-MAIL ADDRES	,	200-441-0000	,	(A/C, No):		
						7.221.12		SURER(S) AFFOR	DING COVERAGE			NAIC#
						INSURE	RA: Everest	National Insu	rance Company			10120
	RED	inon Otata Varith Casasi Assi	:-4	:		INSURE	кв: QBE Ins	surance Corp	oration			39217
1V 9.	401	igan State Youth Soccer Asso General Drive, Suite 120		INSURE	RC:							
P	lym	outh MI 48170				INSURE	RD:					
						INSURE	RE:					
<u></u>	·/	24.050	TIFIO	A T F	· NUMPER, compared	INSURE	RF:		DEVICION NUM	ADED:		
		RAGES CER S TO CERTIFY THAT THE POLICIES			NUMBER: 63796562	/F RFF	N ISSUED TO		REVISION NUN		HE POI	ICY PERIOD
IN C	IDIC/ ERTI	ATED. NOTWITHSTANDING ANY RE IFICATE MAY BE ISSUED OR MAY I JSIONS AND CONDITIONS OF SUCH	QUIR PERTA	EMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF ANY	CONTRACT	OR OTHER I	DOCUMENT WITH D HEREIN IS SUI	H RESPEC	CT TO	WHICH THIS
INSR LTR		TYPE OF INSURANCE	ADDL S		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
A	1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENC		\$\$1,00	00,000
		CLAIMS-MADE ✓ OCCUR							DAMAGE TO RENTE PREMISES (Ea occu	ED irrence)	\$\$300	,000
									MED EXP (Any one)	person)	\$ Excl	uded
									PERSONAL & ADV I	NJURY	\$\$1,0	00,000
	GEI	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	SATE	\$\$5,00	00,000
		POLICY PRO- JECT LOC							PRODUCTS - COMP	P/OP AGG	. ,	00,000
<u> </u>		OTHER:			CIOCI 01051 011		0/1/0001	0/1/0000	Participant Lega			00,000
A	AU1	TOMOBILE LIABILITY ANY AUTO			SI8GL01851-211		9/1/2021	9/1/2022	(Ea accident) BODILY INJURY (Pe		\$\$1,00 \$	00,000
		OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Pe	er accident)	\$	
	1	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	E	\$	
											\$	
		UMBRELLA LIAB / OCCUR			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURRENC	E	\$\$5,00	00,000
	✓	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$\$5,0	00,000
_	WOE	DED RETENTION \$ RKERS COMPENSATION							PER	OTH-	\$	
	AND	EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
	OFF	PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDEN		\$	
	If ve	s, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - EA E			
В	_	ticipant Accident Medical			UBH000005		9/1/2021	9/1/2022	\$100,000	ICT LIMIT	Ψ	
DES	CRIPT	TION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORD	101, Additional Remarks Schedu	le, may be	attached if mor	e space is requir	ed)			
l _{Th}	is ce	ertificate is issued on behalf of Michi	igan S	State	Youth Soccer Association	& Michi	gan Youth So	ccer League				
l Ce	rtific	eate holder is Additional Insured as restate association. Waiver of Subroga	espec	ts th	e operations of the Named	Insure	d for sanction					
"	uie S	state association. Walvel of Subfogs	auoii č	zhhile	ss when required by writter	LOUILIA	oi.					
	DTIE	EICATE UNI DEP				CANC	ELL ATION					
ᆫ	KIII	FICATE HOLDER				CANC	ELLATION					

AUTHORIZED REPRESENTATIVE Gary D. Pitterson

ACCORDANCE WITH THE POLICY PROVISIONS.

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SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE

THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN

SHELBY BIBLE CHURCH

47905 Hayes Rd. SHELBY TWP MI 48315



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(les) must have ADDITIONAL INSURED provisions or be endorsed

	SUE	BROGATION IS W	/AIVED, subject	to th	he te	rms and conditions of the ificate holder in lieu of su	e polic	y, certain p	olicies may	•		
_		R USI Insuranc	· · · · · · · · · · · · · · · · · · ·				CONTA NAME:		,			
		601 Union S Seattle, WA	treet, Suite 10	000			PHONE (A/C, No	o, Ext):	206-441-6300	FAX (A/C, No):		
		Seattle, WA	90101				E-MAIL ADDRE	SS:				
							INSURER(S) AFFORDING COVERAGE NAIG					
							INSURE	RA: Everest	National Insu	rance Company		10120
	NSURED							RB: QBE In:	surance Corp	oration		39217
M O	ichi	gan State Yout General Drive	h Soccer Asso	ocia	tion		INSURE	RC:				
l P	to i lvm	outh MI 48170	, Suite 120				INSURE	R D :				
	,						INSURE	RE:				
							INSURE	RF:				
CO	VER	AGES	CER	TIFIC	CATE	NUMBER: 63796563				REVISION NUMBER:		
IN CI E)	DIC/ ERTI	ATED. NOTWITHS FICATE MAY BE IS	TANDING ANY RE SSUED OR MAY	EQUIF PERT POLI	REME AIN, CIES.	RANCE LISTED BELOW HAY NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER IS DESCRIBED PAID CLAIMS.	DOCUMENT WITH RESPECT TO	CT TO	WHICH THIS
INSR LTR		TYPE OF INSU	RANCE	INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
Α	1	COMMERCIAL GENER	RAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,00	00,000
		CLAIMS-MADE	✓ OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300	,000
										MED EXP (Any one person)	\$ Exclu	uded
										PERSONAL & ADV INJURY	\$\$1,00	00,000
	GEN	N'L AGGREGATE LIMIT	APPLIES PER:							GENERAL AGGREGATE	\$\$5,00	00,000
		POLICY PRO- JECT	LOC							PRODUCTS - COMP/OP AGG	\$\$1,00	00,000
		OTHER:								Participant Legal Liabi	\$\$1,00	00,000
Α	AUT	OMOBILE LIABILITY				SI8GL01851-211		9/1/2021	9/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,00	00,000
		ANY AUTO								BODILY INJURY (Per person)	\$	
		OWNED AUTOS ONLY	SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
	<	HIRED AUTOS ONLY	NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
										·	\$	
		UMBRELLA LIAB	✓ OCCUR			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,00	00,000
	✓	EXCESS LIAB	CLAIMS-MADE							AGGREGATE	\$\$5,00	00,000
		DED RETENTI	ON \$								\$	
		RKERS COMPENSATION EMPLOYERS' LIABILIT	v							PER OTH- STATUTE ER		
	ANYI	PROPRIETOR/PARTNER	R/EXECUTIVE T/N	N/A						E.L. EACH ACCIDENT	\$	
	(Mar	CER/MEMBEREXCLUDE Indatory in NH)		N/A						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes	s, describe under CRIPTION OF OPERATI	IONS below							E.L. DISEASE - POLICY LIMIT	\$	
В		ticipant Accident M				UBH000005		9/1/2021	9/1/2022	\$100,000		
DES	CRIPT	ION OF OPERATIONS /	LOCATIONS / VEHICI	LES (A	ACORD	101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requir	ed)		
Ce	rtific	ate holder is Additi	onal Insured as r	espe	cts th	Youth Soccer Association of the Named es when required by writter	Insure	ď for sanctior				

CERTIFICATE HOLDER	CANCELLATION
SHELBY JR. HIGH SCHOOL 51700 VAN DYKE DR. SHELBY TWP MI 48316	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)

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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)

tilia certificate does not come	rights to the certificate florder in fled of s	acii enaoraenie	πι(3).			
PRODUCER USI Insurance Serv	rices NW	CONTACT NAME:				
601 Union Street, S	Suite 1000	PHONE (A/C, No, Ext):	206-441-6300	FAX (A/C, No):		
Seattle, WA 98101		E-MAIL ADDRESS:				
			INSURER(S) AFFORDING CO	/ERAGE	NAIC#	
		INSURER A : Eve	rest National Insurance C	ompany	10120	
INSURED		INSURER B: QBI	39217			
Michigan State Youth Socc 9401 General Drive, Suite	er Association 120	INSURER C:				
Plymouth MI 48170	120	INSURER D :				
,		INSURER E :				
		INSURER F:				
COVERAGES	CERTIFICATE NUMBER: 62706564		DEVISI	ON NUMBER:		

NUMBER: 63/96564

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		SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
							MED EXP (Any one person)	\$ Excluded
							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	AUTOMOBILE LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	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		SI8EX01724-211	9/1/2021	9/1/2022	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 7/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	\$
В	Part	ticipant Accident Medical		UBH000005	9/1/2021	9/1/2022	\$100,000	_

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 & Michigan Youth Soccer League 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	CANCELLATIO
--------------------	-------------

SHELBY LIONS (Romeo Community Schools other affiliates) Romeo Washington Bruce Parks Rec/Senior Centers 8699 RONDALE SHELBY TWP MI 48316

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)

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).

tills certificate does not confer i	rights to the certificate holder in fied of s	uch endorseme	າາແ(ຣ).					
PRODUCER USI Insurance Servi	ces NW	CONTACT NAME:						
601 Union Street, St	PHONE (A/C, No, Ext):	206-441-6300	FAX (A/C, No):					
Seattle, WA 98101		E-MAIL ADDRESS:						
			INSURER(S) AFFORDING CO	VERAGE	NAIC#			
		INSURER A: Eve	erest National Insurance (Company	10120			
INSURED	A	INSURER B: QBI	39217					
Michigan State Youth Socce 9401 General Drive, Suite 1	er Association 20	INSURER C:						
Plymouth MI 48170	20	INSURER D :						
-		INSURER E :						
		INSURER F:						
COVERAGES	CERTIFICATE NUMBER: 63796565		REVIS	ION 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	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE COCCUR		SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,000,000 \$\$300,000
						MED EXP (Any one person)	\$ Excluded
						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		SI8GL01851-211	9/1/2021	9/1/2022	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		SI8EX01724-211	9/1/2021	9/1/2022	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	\$
В	Participant Accident Medical		UBH000005	9/1/2021	9/1/2022	\$100,000	

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 & Michigan Youth Soccer League 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
Shelby Township Parks Rec (Shelby Twp Ford Field) 52700 Van Dyke Ave Shelby Township MI 48316	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).

ii SUBROGATION IS WAIVED, Subject to the terms and conditions of the		atement on
this certificate does not confer rights to the certificate holder in lieu of s	· · · · · · · · · · · · · · · · · · ·	
PRODUCER USI Insurance Services NW	CONTACT NAME:	
601 Union Street, Suite 1000	PHONE (A/C, No, Ext): 206-441-6300 FAX (A/C, No):	
Seattle, WA 98101	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC#
	INSURER A: Everest National Insurance Company	10120
INSURED	INSURER B: QBE Insurance Corporation	39217
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:	
Plymouth MI 48170	INSURER D:	
,	INSURER E:	
	INSURER F:	
COVERAGES CERTIFICATE NUMBER: 63796566	REVISION NUMBER:	
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA	VE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POL	CY PERIOD
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION	OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO \	VHICH THIS
CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORD	ED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL T	HE TERMS,
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE	BEEN REDUCED BY PAID CLAIMS.	
INCO ADDI CUED	DOLICY EEE DOLICY EVD	

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		SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
							MED EXP (Any one person)	\$ Excluded
							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		SI8GL01851-211	9/1/2021	9/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
		ANY AUTO					BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$
	/	AUTOS ONLY NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
								\$
		UMBRELLA LIAB ✓ OCCUR		SI8EX01724-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,000,000
	1	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$\$5,000,000
		DED RETENTION \$						\$
		KERS COMPENSATION EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
		PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT	\$
	OFFICER/MEMBEREXCLUDED? (Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
В	Part	icipant Accident Medical		UBH000005	9/1/2021	9/1/2022	\$100,000	

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 & Michigan Youth Soccer League 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
SHERMAN MIDDLE SCHOOL 14470 HOLLY ROAD HOLLY MI 48442	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) 9/9/2021

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

						ms and conditions of the				require an endorsement	. A st	atement on
_		R USI Insuranc			COIL	incate noider in ned or st	CONTAC) •			
		601 Union St	reet Suite 10	v v IOO			NAME: PHONE	PHONE FAX				
		Seattle, WA 9					(A/C, No E-MAIL	o, Ext): 2	206-441-6300	(A/C, No):		
							E-MAIL ADDRESS:					
												NAIC #
												10120
INSU		igan State Youth	Socoar Asso	ociat	tion		INSURE	<mark>кв: QBE Ins</mark>	urance Corp	oration		39217
94	401	General Drive,	Suite 120	Julai	liOii		INSURE	RC:				
P	lym	outh MI 48170					INSURE	RD:				
							INSURE	RE:				
							INSURE	RF:				
CO	VER	RAGES	CER	TIFIC	CATE	NUMBER: 63796567	REVISION NUMBER:					
IN CI EX	IDIC/ ERTI XCLU	ATED. NOTWITHST IFICATE MAY BE IS	ANDING ANY RESUED OR MAY I	QUIF PERT POLIC	REMEI AIN, CIES.	RANCE LISTED BELOW HAY NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF ANY	CONTRACT THE POLICIES REDUCED BY F	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPECT TO	CT TO V	WHICH THIS
INSR LTR		TYPE OF INSUF	RANCE	INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	s	
Α	1	COMMERCIAL GENER	AL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,00	00,000
		CLAIMS-MADE	✓ OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300	,000
										MED EXP (Any one person)	\$ Exclu	ıded
										PERSONAL & ADV INJURY	\$\$1,00	00,000
	GEI	N'L AGGREGATE LIMIT A	APPLIES PER:							GENERAL AGGREGATE	\$\$5,00	00,000
		POLICY PRO- JECT	LOC							PRODUCTS - COMP/OP AGG	\$\$1,00	00,000
		OTHER:								Participant Legal Liabi	\$\$1.00	00.000
Α	AU1	TOMOBILE LIABILITY				SI8GL01851-211		9/1/2021	9/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,00	
		ANY AUTO								BODILY INJURY (Per person)	\$.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		OWNED AUTOS ONLY	SCHEDULED							BODILY INJURY (Per accident)	\$	
		HIRED	AUTOS NON-OWNED							PROPERTY DAMAGE (Per accident)	\$	
	•	AUTOS ONLY	AUTOS ONLY							(r er accident)	\$	
		UMBRELLA LIAB	✓ OCCUR			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5.00	00.000
	/	EXCESS LIAB	CLAIMS-MADE							AGGREGATE	\$\$5.00	,
		DED RETENTION								AGGREGATE	\$	00,000
		RKERS COMPENSATION								PER OTH-	Ψ	
		DEMPLOYERS' LIABILITY PROPRIETOR/PARTNER/								E.L. EACH ACCIDENT	\$	
	OFF	ICER/MEMBEREXCLUDE		N/A						E.L. DISEASE - EA EMPLOYEE		
	If ye	s, describe under	01101									
В		CRIPTION OF OPERATION OF THE CONTROL OF T				UBH000005		9/1/2021	9/1/2022	E.L. DISEASE - POLICY LIMIT \$100,000	\$	
		<u>'</u>								,		
DES	CRIPT	FION OF OPERATIONS / I	LOCATIONS / VEHICL	LES (A	CORD	101, Additional Remarks Schedu	le, may be	attached if more	space is require	ed)		
Ce	rtific	ate holder is Addition	onal Insured as re	espe	cts th	Youth Soccer Association e operations of the Named es when required by writter	Insure	d for sanction	ccer League ed activities			
CEI	RTIF	ICATE HOLDER					CANC	ELLATION				
1:	200	rdome Minidom Featherstone F ac MI 48342					THE	EXPIRATION	DATE THE	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E BY PROVISIONS.		-
							AUTHO	RIZED REPRESEN	NTATIVE			

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Gary D. Putterson



DATE (MM/DD/YYYY) 9/9/2021

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

	SUBROGATION IS WAIVED, subject is certificate does not confer rights to							equire an endorsement.	A sta	atement on
	DUCER USI Insurance Services N		COIL	incate noider in nea or st	CONTA		•			
	601 Union Street, Suite 10	00			NAME: PHONE (A/C, No, Ext): 206-441-6300 (A/C, No):					
	Seattle, WA 98101	•			(A/C, No, Ext): 206-441-6300 (A/C, No):					
	·				E-MAIL ADDRESS:					
								DING COVERAGE		NAIC #
					INSURER A: Everest National Insurance Company 10120					10120
INSU	^{кер} lichigan State Youth Soccer Asso	ociat	ion		INSURE	<mark>кв: QBE Ins</mark>	urance Corp	oration		39217
94	401 General Drive, Suite 120	Julai	1011		INSURE	RC:				
P	lymouth MI 48170				INSURE	RD:				
					INSURE	RE:				
					INSURE	RF:				
CO	VERAGES CER	TIFIC	CATE	NUMBER: 63796568				REVISION NUMBER:		
IN CE EX	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY FACLUSIONS AND CONDITIONS OF SUCH	QUIF PERT POLIC	REMEI AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF ANY	CONTRACT THE POLICIES REDUCED BY F	OR OTHER IS DESCRIBED PAID CLAIMS.	DOCUMENT WITH RESPEC	T TO \	WHICH THIS
INSR LTR	TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	3	
Α	✓ COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,00	00,000
	CLAIMS-MADE ✓ OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300	,000
								MED EXP (Any one person)	\$ Exclu	ıded
								PERSONAL & ADV INJURY	\$\$1,00	00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:								\$\$5,00	•
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$\$1,00	00 000
	OTHER:								\$\$1,00	· ·
Α	AUTOMOBILE LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	COMPINED ONIOLE LIMIT	\$\$1,00	
	ANY AUTO								\$	70,000
	OWNED SCHEDULED							BODILY INJURY (Per accident)	\$	
	AUTOS ONLY AUTOS NON-OWNED NON-OWNED							PROPERTY DAMAGE	\$	
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
	UMBRELLA LIAB ✓ OCCUR			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5.00	00.000
	EXCESS LIAB CLAIMS-MADE								\$\$5,00	· ·
	CLAINS-INADL								\$ \$5,00 \$	00,000
	DED RETENTION \$ WORKERS COMPENSATION							PER OTH- STATUTE ER	φ	
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE								•	
	OFFICER/MEMBEREXCLUDED?	N/A							\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE		
В	DÉSCRIPTION OF OPERATIONS below Participant Accident Medical			UBH000005		9/1/2021	9/1/2022	E.L. DISEASE - POLICY LIMIT \$100,000	\$	
	Tariopant Accident medical					0,1,12021	or medel	4.00 ,000		
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	.ES (A	CORD	101, Additional Remarks Schedul	le, may be	attached if more	space is require	ed)		
Ce	is certificate is issued on behalf of Michi rtificate holder is Additional Insured as re the state association. Waiver of Subroga	espe	cts the	e operations of the Named	Insure	d for sanction	ccer League ed activities			
CEI	PTIEICATE UOI DEP				CANC	ELLATION				
CEI	RTIFICATE HOLDER				CANC	ELLATION				
Si 70 R	impson Park 0199 Campground omeo MI 48065				THE	EXPIRATION	DATE THE	ESCRIBED POLICIES BE CA REOF, NOTICE WILL B Y PROVISIONS.		
					AUTHORIZED REPRESENTATIVE					

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Gary D. Putterson



DATE (MM/DD/YYYY)

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tills certificate does not confer	rights to the certificate holder in hed of s	ucii elluoiseille	ການ(ອ).				
PRODUCER USI Insurance Serv	ices NW	CONTACT NAME:					
601 Union Street, S	uite 1000	PHONE (A/C, No, Ext):	206-441-6300	FAX (A/C, No):			
Seattle, WA 98101		E-MAIL ADDRESS:					
			INSURER(S) AFFORDING CO	VERAGE	NAIC#		
		INSURER A : Eve	Company	10120			
INSURED OLD A NO. 11. O. 11.		INSURER B: QBE Insurance Corporation 39217					
Michigan State Youth Soco 9401 General Drive, Suite	er Association 120	INSURER C:					
Plymouth MI 48170	120	INSURER D :					
,		INSURER E :					
		INSURER F:					
COVERAGES	CERTIFICATE NUMBER: 63796569		REVIS	ION 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.

	XCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.									
INSR LTR			ADDL SU		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S		
Α	CON	IMERCIAL GENERAL LIABILITY		SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000		
		CLAIMS-MADE ✓ OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000		
							MED EXP (Any one person)	\$ Excluded		
							PERSONAL & ADV INJURY	\$\$1,000,000		
	GEN'L AG	GREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$\$5,000,000		
	POL	ICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$\$1,000,000		
	ОТН	ER:					Participant Legal Liabi	\$\$1,000,000		
Α	AUTOMO	BILE LIABILITY		SI8GL01851-211	9/1/2021	9/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000		
		AUTO					BODILY INJURY (Per person)	\$		
	OWN	NED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$		
	✓ HIRE AUT	D NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$		
								\$		
	UMB	RELLA LIAB / OCCUR		SI8EX01724-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,000,000		
	✓ EXC	ESS LIAB CLAIMS-MADE					AGGREGATE	\$\$5,000,000		
	DED	RETENTION \$						\$		
		COMPENSATION OYERS' LIABILITY					PER OTH- STATUTE ER			
	ANYPROPI	RIETOR/PARTNER/EXECUTIVE TIN	N/A				E.L. EACH ACCIDENT	\$		
	(Mandator	y in NH)					E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$		
В	Participant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000			
-										

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 & Michigan Youth Soccer League 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
SOCCER FIELDS AT BRANDON FLETCHER INTERMEDIATE SCHOOL 300 SOUTH STREET	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
ORTONVILLE MI 48462	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 comer rights to the certificate holder in fled of such endorsement(s).								
PRODUCER USI Insurance Serv	vices NW	CONTACT NAME:						
601 Union Street, S	Suite 1000	PHONE (A/C, No, Ext):	206-441-6300	FAX (A/C, No):				
Seattle, WA 98101		E-MAIL ADDRESS:						
			INSURER(S) AFFORDING CO	VERAGE	NAIC#			
		INSURER A : Eve	10120					
INSURED CLARA VALUE COMM		INSURER B: QB	39217					
Michigan State Youth Soco 9401 General Drive, Suite	cer Association 120	INSURER C:						
Plymouth MI 48170	120	INSURER D :						
		INSURER E:						
		INSURER F:						
COVERAGES	CERTIFICATE NUMBER: 63796570		REVISI	ON 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			ADDL SU		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S		
Α	CON	IMERCIAL GENERAL LIABILITY		SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000		
		CLAIMS-MADE ✓ OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000		
							MED EXP (Any one person)	\$ Excluded		
							PERSONAL & ADV INJURY	\$\$1,000,000		
	GEN'L AG	GREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$\$5,000,000		
	POL	ICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$\$1,000,000		
	ОТН	ER:					Participant Legal Liabi	\$\$1,000,000		
Α	AUTOMO	BILE LIABILITY		SI8GL01851-211	9/1/2021	9/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000		
		AUTO					BODILY INJURY (Per person)	\$		
	OWN	NED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$		
	✓ HIRE AUT	D NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$		
								\$		
	UMB	RELLA LIAB / OCCUR		SI8EX01724-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,000,000		
	✓ EXC	ESS LIAB CLAIMS-MADE					AGGREGATE	\$\$5,000,000		
	DED	RETENTION \$						\$		
		COMPENSATION OYERS' LIABILITY					PER OTH- STATUTE ER			
	ANYPROPI	RIETOR/PARTNER/EXECUTIVE TIN	N/A				E.L. EACH ACCIDENT	\$		
	(Mandator	y in NH)					E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, desc DESCRIPT	cribe under TON OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$		
В	Participa	ınt Accident Medical		UBH000005	9/1/2021	9/1/2022	\$100,000			
-										

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 & Michigan Youth Soccer League 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
SOCCER FIELDS AT BRANDON HIGH SCHOOL 1025 S. ORTONVILLE RD ORTONVILLE MI 48462	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)

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the nolicy(les) must have ADDITIONAL INSURED provisions or be endorsed

	SUE	BROGATION IS WAIVED, subject ertificate does not confer rights	t to t	he te	rms and conditions of th	ne polic	cy, certain p	olicies may			. A sta	atement on
		R USI Insurance Services N		, 0010	indute notaer in nea or se	CONTA NAME:		·/·				
		601 Union Street, Suite 1	000			PHONE (A/C, No		206-441-6300	,	FAX		
		Seattle, WA 98101				E-MAIL ADDRE	o, Ext): 4	200-44 1-0300)	(A/C, No):		
						ADDRE		SUPER(S) AFFOR	RDING COVERAGE			NAIC#
						INSLIDE			rance Company			10120
INSU	RED						RB: QBE Ins					39217
		gan State Youth Soccer Ass	ocia	tion		INSURE		ouranoc corp	oration			00217
9	101 Vm	General Drive, Suite 120 outh MI 48170				INSURE						
'	yııı	Outil Wil 40170				INSURE						
						INSURE						
co	/ER	AGES CEI	RTIFI	CATE	NUMBER: 63796571				REVISION NUM	MBER:	'	
		S TO CERTIFY THAT THE POLICIE										
С	ERTI	ATED. NOTWITHSTANDING ANY R FICATE MAY BE ISSUED OR MAY	PERT	AIN,	THE INSURANCE AFFORD	ED BY	THE POLICIE	S DESCRIBE	D HEREIN IS SUE			
		JSIONS AND CONDITIONS OF SUCH				BEEN F	POLICY EFF	POLICY EXP			_	
INSR LTR	_	TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER SI8GL01851-211		(MM/DD/YYYY) 9/1/2021	(MM/DD/YYYY)		LIMIT		
A	√	CLAIMS-MADE OCCUR			310GLU1031-211		9/1/2021	9/1/2022	DAMAGE TO RENTE PREMISES (Ea occu	ED	\$\$1,00 \$\$300	•
									MED EXP (Any one p	person)	\$ Exclu	ıded
									PERSONAL & ADV I	NJURY	\$\$1,00	00,000
	GEN	L'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	ATE	\$\$5,00	00,000
		POLICY PRO- JECT LOC							PRODUCTS - COMP	P/OP AGG	\$\$1,00	00,000
		OTHER:							Participant Lega	l Liabi	\$\$1,00	00,000
Α	AUT	OMOBILE LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	COMBINED SINGLE (Ea accident)	LIMIT	\$\$1,00	00,000
		ANY AUTO							BODILY INJURY (Pe	er person)	\$	
		OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Pe	- 1	\$	
	1	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	iE	\$	
											\$	
		UMBRELLA LIAB OCCUR			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURRENC	E	\$\$5,00	00,000
	/	EXCESS LIAB CLAIMS-MADI							AGGREGATE		\$\$5,00	00,000
	WOF	DED RETENTION \$							DED	OTH	\$	
	AND	RKERS COMPENSATION EMPLOYERS' LIABILITY PROPERTY OF A PARTY FOR THE PROPERTY FOR THE PARTY FOR THE P							PER STATUTE	OTH- ER		
	OFFI	PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBEREXCLUDED?	N/A						E.L. EACH ACCIDEN		\$	
	If yes	s, describe under							E.L. DISEASE - EA E			
В		CRIPTION OF OPERATIONS below ticipant Accident Medical			UBH000005		9/1/2021	9/1/2022	E.L. DISEASE - POL \$100,000	ICY LIMIT	\$	
									,,			
DEC	יחוםי	TION OF OPERATIONS / LOCATIONS / VEHIC	TIES (ACOBE	101 Additional Remarks School	lo mov b	o attached if m = =	o enaco la raccit	ad)			
"=3	/NIF I	ION OF OFERATIONS / LOCATIONS / VEHIC	LLS (/	JOOKL	, 101, Additional Remarks Schedu	ie, may D	e attacheu ii iilOf	e space is requir	eu,			
Th	s ce	rtificate is issued on behalf of Mic ate holder is Additional Insured as	nigan	State	Youth Soccer Association	& Michi	gan Youth So	ccer League				
		state association. Waiver of Subroc						ieu activities				
CF	RTIF	FICATE HOLDER				CANC	ELLATION					
						1						
S	OC(CER FIELDS AT BRANDON ARSITY DRIVE	I SC	HOC	OLS ATHLETIC COM	₽Ľ₽₩E	EXPIRATION	N DATE TH	ESCRIBED POLICE REOF, NOTICE CY PROVISIONS.	IES BE CA	ANCELL BE DEL	ED BEFORE LIVERED IN
l ố	ŘΤ	ONVILLE MI 48462				^	ONDANCE WI	IN INE PULIC	A FROVISIONS.			

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Gary D. Putterson

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.

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this certificate does not comer rights to the certificate holder in fled of such endorsement(s).							
PRODUCER USI Insurance Servi	ices NW	CONTACT NAME:					
601 Union Street, S	uite 1000	PHONE (A/C, No, Ext):	206-441-6300	FAX (A/C, No):			
Seattle, WA 98101		E-MAIL ADDRESS:					
			INSURER(S) AFFORDING CO	VERAGE	NAIC#		
		INSURER A : Eve	10120				
INSURED		INSURER B: QB	E Insurance Corporation		39217		
Michigan State Youth Socce 9401 General Drive, Suite	er Association 120	INSURER C:					
Plymouth MI 48170	120	INSURER D :					
,		INSURER E :					
		INSURER F:					
COVERAGES	CERTIFICATE NUMBER: 63796572		REVIS	ION 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 ADDLISUBR POLICY EXP									
				POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	s	
1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000	
	CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000	
							MED EXP (Any one person)	\$ Excluded	
							PERSONAL & ADV INJURY	\$\$1,000,000	
GEN							GENERAL AGGREGATE	\$\$5,000,000	
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$\$1,000,000	
	OTHER:						Participant Legal Liabi	\$\$1,000,000	
AUT	OMOBILE LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000	
	ANY AUTO						BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
/	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
								\$	
	UMBRELLA LIAB ✓ OCCUR			SI8EX01724-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,000,000	
✓	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$\$5,000,000	
	DED RETENTION \$							\$	
	EMPLOYEDS! LIADILITY						PER OTH- STATUTE ER		
ANYF	PROPRIETOR/PARTNER/EXECUTIVE Y / 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	\$	
Part	ticipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000		
	GEN WORD AND OFFI (Mar If yes	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY HIRED AUTOS ONLY UMBRELLA LIAB CCCUR CLAIMS-MADE	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY CLAIMS-MADE CCAIMS-MADE CCAIMS-M	TYPE OF INSURANCE TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION ANY PROPRIETOR/PARTINER/EXECUTIVE (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY CLAIMS-MADE SIBGL01851-211 ANY AUTO OWNED AUTOS ONLY AUTOS ONLY AUTOS ONLY CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	TYPE OF INSURANCE ADDL SUBR WVD POLICY NUMBER POLICY NUMBER POLICY SIBGLO1851-211 SIBGLO1851-211 9/1/2021 GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROJECT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY AUTOS OWNED AUTOS ONLY AUTOS ONLY HIRED AUTOS ONLY WMBRELLA LIAB VOCCUR CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYER'S LIABILITY ANY ANY POPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	TYPE OF INSURANCE INSU WVD POLICY NUMBER (MM/DD/YYYY) COMMERCIAL GENERAL LIABILITY CLAIMS-MADE COCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROPOLICY PRODUCY JECT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY A	TYPE OF INSURANCE ADDL SUBR WVD POLICY NUMBER POLICY EFF (MM/DD/YYY) (MM/DD/YYD/DP/D/YD/DP/DP/DP/DP/DP/DP/DP/DP/DP/DP/DP/DP/DP	

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 & Michigan Youth Soccer League 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
SOCCER FIELDS AT DEER RUN SOCCER COMPLEX 16021 LINDEN ROAD Linden MI 48451	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	Gary Patterson
	Gary Fatterson



DATE (MM/DD/YYYY) 9/9/2021

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this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).									
PRODUCER USI Insurance Servic	es NW	CONTACT NAME:							
601 Union Street, Sui	ite 1000	PHONE (A/C, No, Ext):	206-441-6300	FAX (A/C, No):					
Seattle, WA 98101		E-MAIL ADDRESS:							
			INSURER(S) AFFORDING COVERA	GE	NAIC#				
		INSURER A: Eve	any	10120					
INSURED	er Association	INSURER B: QBE		39217					
Michigan State Youth Soccer 9401 General Drive, Suite 12		INSURER C:							
Plymouth MI 48170	-0	INSURER D :							
,		INSURER E :							
		INSURER F:							
COVERAGES	CERTIFICATE NUMBER: 63796573		REVISION	NUMBER:					
THIS IS TO CEPTIFY THAT THE POLICIES OF INCHPANCE LISTED BELOW HAVE BEEN ISSUED TO THE INCHPED NAMED ADOVE FOR THE POLICY DEPICE.									

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			POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
	CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
							MED EXP (Any one person)	\$ Excluded
							PERSONAL & ADV INJURY	\$\$1,000,000
GEN							GENERAL AGGREGATE	\$\$5,000,000
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$\$1,000,000
	OTHER:						Participant Legal Liabi	\$\$1,000,000
AUT	OMOBILE LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	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			SI8EX01724-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,000,000
1	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$\$5,000,000
	DED RETENTION \$							\$
	EMPLOYEDS! LIABILITY						PER OTH- STATUTE ER	
ANYI	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$
(Mar	datory in NH)						E.L. DISEASE - EA EMPLOYEE	\$
If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
Part	icipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000	
	GEN AUT WOR AND OFFI (Man If yee DES)	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCY PRODUCY OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY HIRED AUTOS ONLY UMBRELLA LIAB CCUR CLAIMS-MADE	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY UMBRELLA LIAB V OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	TYPE OF INSURANCE TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCY JECT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY UMBRELLA LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY CLAIMS-MADE CCLAIMS-MADE CCLAIMS-MADE CCLAIMS-MADE CCLAIMS-MADE CCLAIMS-MADE CCLAIMS-MADE CCLAIMS-MADE CCLAIMS-MADE CCLAIMS-MADE CCCUR CCLAIMS-MADE CCCUR SIBGLO1851-211 ANY AUTO OWNED AUTOS ONLY AUTOS ONLY CLAIMS-MADE DED CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	TYPE OF INSURANCE TYPE OF INSURANCE ADDL SUBR INSD WYD POLICY NUMBER POLICY NUMBER POLICY NUMBER POLICY SIBGLO1851-211 9/1/2021 GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROJECT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY AUTOS AUTOS ONLY AUTOS ONLY HIRED AUTOS ONLY WIMBRELLA LIAB CALIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYER'S LIABILITY N/A NYA N/A N/A (Mandatory in NH) If yes, describe under [NSD] POLICY NUMBER POLICY NUMBER POLICY NUMBER POLICY NUMBER POLICY NUMBER POLICY NUMBER (MM/IDD/YYYY) SI8GL01851-211 9/1/2021 9/1/2021	TYPE OF INSURANCE ADDL SUBR POLICY NUMBER POLICY EFF MM/DD/YYYY	TYPE OF INSURANCE INSU W/O POLICY NUMBER (MM/DD/YYYY) (MM/DD/YYYY) (MM/DD/YYYY) COMMERCIAL GENERAL LIABILITY CLAIMS-MADE CAIMS-MADE COCUR CLAIMS-MADE COCUR CLAIMS-MADE COCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO JECT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY AUTO

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 & Michigan Youth Soccer League 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
SOCCER FIELDS AT FORD HERITAGE PARK 8399 TEXTILE RD. YPSILANTI MI 48197	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

tilis certificate does flot collier	rights to the certificate holder in hed of si	ucii elluoisellie	πι(δ).				
PRODUCER USI Insurance Servi	ces NW	CONTACT NAME:					
601 Union Street, S	uite 1000	PHONE (A/C, No, Ext):	206-441-6300	FAX (A/C, No):			
Seattle, WA 98101		E-MAIL ADDRESS:					
			INSURER(S) AFFORDING CO	VERAGE	NAIC#		
		INSURER A : Eve	10120				
INSURED		INSURER B: QB	E Insurance Corporation		39217		
Michigan State Youth Socce 9401 General Drive, Suite 1	er Association	INSURER C :					
Plymouth MI 48170	120	INSURER D :					
		INSURER E :					
		INSURER F:					
COVEDACES	CEDTIFICATE NUMBER: 00700574		DE\/IS	ION NIIMDED:			

CERTIFICATE NUMBER: 63796574 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 ADDL SUBR POLICY EFF POLICY EXP LIMITS TYPE OF INSURANCE INSD WVD POLICY NUMBER (MM/DD/YYYY) (MM/DD/YYYY) LIMITS							
A	COMMERCIAL GENERAL LIABILITY	INSD W	SI8GL01851-211	9/1/2021	9/1/2022		
^	COMMERCIAL GENERAL LIABILITY		518GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE DAMAGE TO RENTED	\$\$1,000,000
	CLAIMS-MADE ✓ OCCUR					PREMISES (Ea occurrence)	\$\$300,000
						MED EXP (Any one person)	\$ Excluded
						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		SI8GL01851-211	9/1/2021	9/1/2022	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		SI8EX01724-211	9/1/2021	9/1/2022	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	Participant Accident Medical		UBH000005	9/1/2021	9/1/2022	\$100,000	

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

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CERTIFICATE HOLDER	CANCELLATION
SOCCER FIELDS AT FORD LAKE PARK 9075 S. HURON RIVER ROAD YPSILANTI MI 48197	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)

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

						rms and conditions of th				require an endorse	ement. A	statement on
PRO	DUCE	R USI Insurance S	Services N	W			CONTAC NAME:	СТ				
		601 Union Stree					PHONE (A/C, No	F. 0. 3	206-441-6300	FA)	(2. Na\:	
	Seattle, WA 98101						(A/C, No, Ext): 206-441-6300 (A/C, No): E-MAIL ADDRESS:					
							INS	URER(S) AFFOR	DING COVERAGE		NAIC#	
							INSURE	RA: Everest	National Insu	rance Company		10120
INSU		0					INSURE	кв: QBE Ins	surance Corp	oration		39217
l N	lichi	gan State Youth S General Drive, Su	Soccer Asso	ocia	tion		INSURE	RC:				
		outh MI 48170	uite 120				INSURE	RD:				
-	.,						INSURE	RE:				
							INSURE	RF:				
СО	VER	AGES	CER	TIFIC	CATE	NUMBER: 63796575				REVISION NUMBE	ER:	
						RANCE LISTED BELOW HAY						
c	ERTI	FICATE MAY BE ISSU	JED OR MAY I	PERT	AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	ED BY	THE POLICIES	S DESCRIBE			
INSR LTR		TYPE OF INSURAN			SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	
A	/	COMMERCIAL GENERAL I		INSD	WVD	SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE		000,000
		CLAIMS-MADE ✓	٦							DAMAGE TO RENTED PREMISES (Ea occurren	1	00,000
										MED EXP (Any one person	on) \$Exc	luded
										PERSONAL & ADV INJU	RY \$\$1,	000,000
	GEN	I'L AGGREGATE LIMIT AP <u>P</u> L	LIES PER:							GENERAL AGGREGATE	\$\$5,	000,000
		POLICY PRO- JECT	LOC							PRODUCTS - COMP/OP	AGG \$\$1,	000,000
		OTHER:								Participant Legal Li		000,000
Α	AUT	OMOBILE LIABILITY				SI8GL01851-211		9/1/2021	9/1/2022	COMBINED SINGLE LIM (Ea accident)	^{IT} \$1,	000,000
		ANY AUTO								BODILY INJURY (Per per	rson) \$	
		AUTOS ONLY AL	CHEDULED UTOS							BODILY INJURY (Per acc	cident) \$	
	1	HIRED NO	ON-OWNED UTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
		AUTOU ONET	OTOO OIVET							(i di decident)	\$	
		UMBRELLA LIAB	OCCUR			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5.	000,000
	1	EXCESS LIAB	CLAIMS-MADE							AGGREGATE		000,000
		DED RETENTION \$	\$								\$,
		RKERS COMPENSATION								PER C STATUTE E	OTH- R	
	ANY	EMPLOYERS' LIABILITY PROPRIETOR/PARTNER/EXE	ECUTIVE Y/N							E.L. EACH ACCIDENT	\$	
	OFFI (Man	CER/MEMBEREXCLUDED?		N/A						E.L. DISEASE - EA EMPL	OYEE \$	
	If ves	s, describe under CRIPTION OF OPERATIONS	S below							E.L. DISEASE - POLICY		
В		ticipant Accident Medic				UBH000005		9/1/2021	9/1/2022	\$100,000		
DES	CRIPT	ION OF OPERATIONS / LOC	CATIONS / VEHICL	ES (A	CORD	101, Additional Remarks Schedu	le, may be	attached if more	e space is require	ed)		
					. .	V 11 0		\/ .I 0				
						Youth Soccer Association e operations of the Named						
Certificate holder is Additional Insured as respects the operations of the Named Ins of the state association. Waiver of Subrogation applies when required by written co												
	RTIE	ICATE HOLDER					CANO	ELLATION				
	X 1 11	IOATE HOLDER					CANO	LLLATION				
_	00	OED EIE! DO #= !					҉ѕӈѻ	ULD ANY OF 1	THE ABOVE D	ESCRIBED POLICIES	BE CANCE	LLED BEFORE
S	na i	CER FIELDS AT F /ARSITY DRIVE	HAKVEY S	ννΑί	120	N ELEMENTARY SC					ILL BE D	ELIVERED IN
		9 VARSITY DRIVE ACCORDANCE WITH THE POLICY PROVISIONS.										

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Gary D. Putterson

AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY) 9/9/2021

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tilis certificate does not come	rights to the certificate holder in hed of s	ucii elluoiseille	π(3).		
PRODUCER USI Insurance Servi	ices NW	CONTACT NAME:			
601 Union Street, St	uite 1000	PHONE (A/C, No, Ext):	206-441-6300	FAX (A/C, No):	
Seattle, WA 98101		E-MAIL ADDRESS:			_
			INSURER(S) AFFORDING CO	VERAGE	NAIC#
		INSURER A: Eve	Company	10120	
INSURED	occer Association	INSURER B: QB		39217	
9401 General Drive, Suite 1		INSURER C:			
Plymouth MI 48170	120	INSURER D :			
-		INSURER E :			
		INSURER F:			
COVERAGES	CERTIFICATE NUMBER: 63796576		REVISI	ON 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			POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
	CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
							MED EXP (Any one person)	\$ Excluded
							PERSONAL & ADV INJURY	\$\$1,000,000
GEN							GENERAL AGGREGATE	\$\$5,000,000
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$\$1,000,000
	OTHER:						Participant Legal Liabi	\$\$1,000,000
AUT	OMOBILE LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	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			SI8EX01724-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,000,000
1	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$\$5,000,000
	DED RETENTION \$							\$
	EMPLOYEDS! LIABILITY						PER OTH- STATUTE ER	
ANYI	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$
(Mar	datory in NH)						E.L. DISEASE - EA EMPLOYEE	\$
If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
Part	icipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000	
	GEN AUT WOR AND OFFI (Man If yee DES)	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCY PRODUCY OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY HIRED AUTOS ONLY UMBRELLA LIAB CCUR CLAIMS-MADE	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY UMBRELLA LIAB V OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	TYPE OF INSURANCE TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCY JECT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY UMBRELLA LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY CLAIMS-MADE CCLAIMS-MADE CCLAIMS-MADE CCLAIMS-MADE CCLAIMS-MADE CCLAIMS-MADE CCLAIMS-MADE CCLAIMS-MADE CCLAIMS-MADE CCLAIMS-MADE CCCUR CCLAIMS-MADE CCCUR SIBGLO1851-211 ANY AUTO OWNED AUTOS ONLY AUTOS ONLY CLAIMS-MADE DED CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	TYPE OF INSURANCE TYPE OF INSURANCE ADDL SUBR INSD WYD POLICY NUMBER POLICY NUMBER POLICY NUMBER POLICY SIBGLO1851-211 9/1/2021 GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROJECT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY AUTOS AUTOS ONLY AUTOS ONLY HIRED AUTOS ONLY WIMBRELLA LIAB CALIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYER'S LIABILITY N/A NYA N/A N/A (Mandatory in NH) If yes, describe under [NSD] POLICY NUMBER POLICY NUMBER POLICY NUMBER POLICY NUMBER POLICY NUMBER POLICY NUMBER (MM/IDD/YYYY) SI8GL01851-211 9/1/2021 9/1/2021	TYPE OF INSURANCE ADDL SUBR POLICY NUMBER POLICY EFF MM/DD/YYYY	TYPE OF INSURANCE INSU W/O POLICY NUMBER (MM/DD/YYYY) (MM/DD/YYYY) (MM/DD/YYYY) COMMERCIAL GENERAL LIABILITY CLAIMS-MADE CAIMS-MADE COCUR CLAIMS-MADE COCUR CLAIMS-MADE COCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO JECT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY AUTO

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

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CERTIFICATE HOLDER	CANCELLATION
SOCCER FIELDS AT OAKWOOD ELEMENTARY SCHOOL 2839 OAKWOOD ORTONVILLE MI 48462	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)

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inis certificate does not confer no	gnis to the certificate holder in fied of s	uch endorsemer	II(S).			
PRODUCER USI Insurance Service	es NW	CONTACT NAME:				
601 Union Street, Sui	te 1000	PHONE (A/C, No, Ext):	206-441-6300	FAX (A/C, No):		
Seattle, WA 98101		E-MAIL ADDRESS:				
			INSURER(S) AFFORDING COVERAG	E	NAIC#	
		INSURER A : Ever	est National Insurance Compa	ny	10120	
INSURED CLARA VA. II. C.	Acceptable	INSURER B: QBE Insurance Corporation 39217				
Michigan State Youth Soccer 9401 General Drive, Suite 12	Association Po	INSURER C:				
Plymouth MI 48170	.0	INSURER D :				
		INSURER E :				
		INSURER F:				
COVERAGES	CERTIFICATE NUMBER: 63796577		REVISION N	UMBER:		
THIS IS TO CERTIFY THAT THE POI	ICIES OF INSURANCE LISTED BELOW HA	VE BEEN ISSUED	TO THE INSURED NAMED AR	OVE FOR THE POL	ICY PERIOD	

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 COMMERCIAL GENERAL LIABILITY	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
COMMERCIAL GENERAL LIABILITY			((INTINUE DITTILITY			
GOIMMEROIAE GENERAE EIABIETT		SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000	
CLAIMS-MADE ✓ OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000	
					MED EXP (Any one person)	\$ Excluded	
					PERSONAL & ADV INJURY	\$\$1,000,000	
EN'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	
UTOMOBILE LIABILITY		SI8GL01851-211	9/1/2021	9/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000	
ANY AUTO					BODILY INJURY (Per person)	\$	
					BODILY INJURY (Per accident)	\$	
HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
						\$	
UMBRELLA LIAB ✓ OCCUR		SI8EX01724-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,000,000	
CLAIMS-MADE					AGGREGATE	\$\$5,000,000	
DED RETENTION \$						\$	
ORKERS COMPENSATION ND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER		
NYPROPRIETOR/PARTNER/EXECUTIVE T	N/A				E.L. EACH ACCIDENT	\$	
landatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$	
yes, describe under ESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	
B Participant Accident Medical		UBH000005	9/1/2021	9/1/2022	\$100,000		
·							
CN	POLICY PROJECT LOC OTHER: ITOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY UMBRELLA LIAB EXCESS LIAB DED RETENTION \$ OCCUR CLAIMS-MADE DED RETENTION \$ OKERS COMPENSATION D EMPLOYERS LIABILITY VY/N VPROPRIETOR/PARTNER/EXECUTIVE FICER/MEMBEREXCLUDED? INDICATOR OF OPERATIONS below	POLICY PRODECT LOC OTHER: ITOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY HIRED AUTOS ONLY UMBRELLA LIAB EXCESS LIAB DED RETENTION \$ OKERS COMPENSATION D EMPLOYERS' LIABILITY V/N VPROPRIETOR/PARTNER/EXECUTIVE FICER/MEMBEREXCLUDED? INDIADATON N/A es, describe under SCRIPTION OF OPERATIONS below	POLICY PROJECT LOC OTHER: ITOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY UMBRELLA LIAB CLAIMS-MADE DED RETENTION \$ OKKERS COMPENSATION D EMPLOYERS LIABILITY PYPROPRIETOR/PARTNER/EXECUTIVE FICER/MEMBEREXCLUDED? INDIANO OF OPERATIONS below SIRVERS COMPENSATION OF OPERATIONS below	POLICY JECT LOC OTHER: STOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY HIRED AUTOS ONLY CLAIMS-MADE DED RETENTION \$ RETENTION \$	POLICY JECT LOC OTHER: STOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ ORKERS COMPENSATION DEMPLOYER'S LIABILITY YPROPRIETOR/PARTNER/EXECUTIVE FICER/MEMBER EXCLUDED? SINGRANG CRIPTION S below N / A SISSEX01724-211 SISSEX01724-211 9/1/2021 9/1/2022	PERSONAL & ADV INJURY GENERAL AGGREGATE POLICY PRODUCTS - COMP/OP AGG OTHER: OTHER: ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY BODILY INJURY (Per person) BODILY INJURY (Per pe	

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

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CERTIFICATE HOLDER	CANCELLATION
SOCCER FIELDS AT RIVER BENDS PARK 5700 22 MILE ROAD SHELBY TWP MI 48317	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) 9/9/2021

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lf	PORTANT: If the certificate holder SUBROGATION IS WAIVED, subject s certificate does not confer rights to seconfer rights to the confer rights to the confer rights to the confer rights to the conference of t	to th	e ter	ms and conditions of th	e polic	y, certain po	olicies may i	•		
PROI	USI Insurance Services N		CONTACT NAME:							
	601 Union Street, Suite 10				PHONE (A/C, No	, Ext): 2	206-441-6300	FAX (A/C, No):		
	Seattle, WA 98101				E-MAIL ADDRES	SS:				
						INS	URER(S) AFFOR	DING COVERAGE		NAIC#
					INSURE	RA: Everest	National Insu	rance Company		10120
INSU					INSURE	кв: QBE Ins	urance Corp	oration		39217
M	chigan State Youth Soccer Ass 01 General Drive, Suite 120	ocıatı	on		INSURE	RC:				
	ymouth MI 48170				INSURE	RD:				
	,				INSURER E :					
					INSURE	RF:				
CO	'ERAGES CEF	TIFIC	ATE	NUMBER: 63796578				REVISION NUMBER:		
IN CE	IS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RI RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH	EQUIRI PERTA	EMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF ANY	CONTRACT THE POLICIES	OR OTHER I	DOCUMENT WITH RESPE	CT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL S		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	гs	
Α	✓ COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,00	00,000
	CLAIMS-MADE ✓ OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300	,000
								MED EXP (Any one person)	\$ Exclu	uded
								PERSONAL & ADV INJURY	\$\$1,00	00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$\$5,00	00,000
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$\$1,00	00,000
	OTHER:							Participant Legal Liabi	\$\$1.00	000

COMBINED SINGLE LIMIT (Ea accident) \$\$1,000,000 ANY AUTO BODILY INJURY (Per person) OWNED AUTOS ONLY HIRED SCHEDULED AUTOS NON-OWNED BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTOS ONLY **AUTOS ONLY** UMBRELLA LIAB SI8EX01724-211 9/1/2021 9/1/2022 / OCCUR EACH OCCURRENCE \$\$5,000,000 **EXCESS LIAB** CLAIMS-MADE AGGREGATE \$\$5,000,000

9/1/2021

RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? N/A

AUTOMOBILE LIABILITY

DED

(Mandatory in NH)

If yes, describe under DESCRIPTION OF OPERATIONS below

Participant Accident Medical

E.L. EACH ACCIDENT 9/1/2021 9/1/2022

9/1/2022

E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT \$100,000

\$

\$

STATUTE

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

UBH000005

SI8GL01851-211

This certificate is issued on behalf of Michigan State Youth Soccer Association & Michigan Youth Soccer League 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
South Lake High School 23101 Stadium St. Clair Shores MI 48080	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).

unis cerunicate does not comer r	ights to the certificate holder in hed of s	uch endorsemei	ιι(δ).			
PRODUCER USI Insurance Service	ces NW	CONTACT NAME:				
601 Union Street, Su	ite 1000	PHONE (A/C, No, Ext):	206-441-6300	FAX (A/C, No):		
Seattle, WA 98101		E-MAIL ADDRESS:				
			INSURER(S) AFFORDING COVERA	AGE	NAIC#	
		INSURER A : Ever	est National Insurance Com	oany	10120	
INSURED CLARA VALUE CONTROL		INSURER B: QBE Insurance Corporation 39217				
Michigan State Youth Socce 9401 General Drive, Suite 1	r Association 20	INSURER C:				
Plymouth MI 48170	20	INSURER D :				
		INSURER E :				
		INSURER F:				
COVERAGES	CERTIFICATE NUMBER: 63796579		REVISION	NUMBER:		
THIS IS TO CERTIEV THAT THE PO	NUCIES OF INSURANCE LISTED BELOW HA	VE BEEN ISSUED	TO THE INSURED NAMED A	BOVE FOR THE POL	ICV PERIOD	

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		TYPE OF INSURANCE	ADDL SU	JBR IVD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S			
Α	1	COMMERCIAL GENERAL LIABILITY		SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000			
		CLAIMS-MADE ✓ OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000			
							MED EXP (Any one person)	\$ Excluded			
							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		SI8GL01851-211	9/1/2021	9/1/2022	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		SI8EX01724-211	9/1/2021	9/1/2022	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 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	Part	ticipant Accident Medical		UBH000005	9/1/2021	9/1/2022	\$100,000				

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 & Michigan Youth Soccer League 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
South Side Baptist Tabernacle Soccer Fields (SSBT) 6710 Textile Road Ypsilanti MI 48197	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 HOSPING DO NOT THE PROPERTY AND PROPERTY AN
1	Gary Patterson



DATE (MM/DD/YYYY) 9/9/2021

\$\$5,000,000

\$

\$

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.

lf	SUE	RTANT: If the certificate holder in BROGATION IS WAIVED, subject ertificate does not confer rights to	to th	e ter	ms and conditions of th	e polic	y, certain p	olicies may i			
PROI	UCE	R USI Insurance Services N	W			CONTA NAME:			Leav		
		601 Union Street, Suite 10 Seattle, WA 98101	00			PHONE (A/C, No E-MAIL	o, Ext):	206-441-6300	FAX (A/C, No):		
		Scattle, WA 30101				ADDRESS:					
							NAIC#				
									rance Company	10120	
INSUI M		gan State Youth Soccer Asso	ociat	ion		INSURE	RB: QBE Ins	surance Corp	oration	39217	
	9401 General Drive, Suite 120						RC:				
Plymouth MI 48170						INSURE	R D :				
						INSURE	RE:				
		1000				INSURER F:					
					NUMBER: 63796580	/C DCC	N ICCUED TO		REVISION NUMBER:	IE DOLIGY DEDIOD	
THIS IS TO CERTIFY THAT THE POLICIES OF IN INDICATED. NOTWITHSTANDING ANY REQUIR											
		FICATE MAY BE ISSUED OR MAY F ISIONS AND CONDITIONS OF SUCH I	POLIC	CIEŚ.			REDUCED BY	PAID CLAIMS.) HEREIN IS SUBJECT TO	O ALL THE TERMS,	
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			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000	
		CLAIMS-MADE ✓ OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000	
									MED EXP (Any one person)	\$ Excluded	
									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			SI8GL01851-211		9/1/2021	9/1/2022	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			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,000,000	

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

UBH000005

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CERTIFICATE HOLDER	CANCELLATION
Spencer Park 3701 John R. Road Rochester Hills 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 Harry D. Patterson
	Gary Patterson

9/1/2021

9/1/2022

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AGGREGATE

\$100,000

STATUTE

E.L. EACH ACCIDENT

E.L. DISEASE - EA EMPLOYEE

E.L. DISEASE - POLICY LIMIT

EXCESS LIAB

WORKERS COMPENSATION

AND EMPLOYERS' LIABILITY
ANYPROPRIETOR/PARTNER/EXECUTIVE
OFFICER/MEMBEREXCLUDED?

If yes, describe under DESCRIPTION OF OPERATIONS below

Participant Accident Medical

RETENTION \$

DED

(Mandatory in NH)

CLAIMS-MADE

N/A



DATE (MM/DD/YYYY) 9/9/2021

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	is certificate does not con								require an endo	orsemeni	. A St	atement on
PRO	DUCER USI Insurance Se	ervices N\	N			CONTACT NAME:						
	601 Union Street	, Suite 10				PHONE (A/C, No	Evt).	206-441-6300)	FAX (A/C, No):		
	Seattle, WA 9810)1				E-MAIL ADDRESS:						
						INSURER(S) AFFORDING COVERAGE						NAIC#
						INSURE	RA: Everest	National Insu	rance Company			10120
INSU	RED Iichigan State Youth So	ooor Aoo	ooioti	on		INSURER B: QBE Insurance Corporation						39217
	401 General Drive, Suit		JCiali	OH		INSURER C:						
P	lymouth MI 48170					INSURE	RD:					
						INSURE						
	VEDACES.	CED:	TIFIC	A T.E	NUMBER, 207025	INSURE	RF:		DEVISION NUI	ADED:		
	VERAGES HIS IS TO CERTIFY THAT TH				NUMBER: 63796581	/F RFF	N ISSUED TO		REVISION NUI		HE POL	ICY PERIOD
IN CI	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 WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
Α	✓ COMMERCIAL GENERAL LIA			_	SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURREN		\$\$1,00	00,000
	CLAIMS-MADE ✓ C	OCCUR							DAMAGE TO RENT PREMISES (Ea occ	ED urrence)	\$\$300	,000
									MED EXP (Any one	person)	\$ Exclu	ıded
									PERSONAL & ADV	INJURY	\$\$1,00	00,000
	GEN'L AGGREGATE LIMIT APPLIE	S PER:							GENERAL AGGREG	SATE	\$\$5,00	00,000
	POLICY PRO- JECT	LOC							PRODUCTS - COM	P/OP AGG	\$\$1,00	,
	OTHER:				SI8GL01851-211		9/1/2021	9/1/2022	Participant Legal COMBINED SINGLE			00,000
A	ANY AUTO				318GL01831-211		9/1/2021	9/1/2022	(Ea accident) BODILY INJURY (P		\$\$1,00 \$	00,000
	OWNED SCHI	EDULED							BODILY INJURY (P	. ,	\$	
		-OWNED							PROPERTY DAMAG (Per accident)		\$	
	AUTOS ONLY AUTO	OS ONLY							(Per accident)		\$	
	UMBRELLA LIAB 🗸 🔾	OCCUR			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURREN	CE	\$ \$5.00	00,000
	(=yo=ooo	CLAIMS-MADE							AGGREGATE			00,000
	DED RETENTION \$										\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY								PER STATUTE	OTH- ER		
	ANYPROPRIETOR/PARTNER/EXECUOFFICER/MEMBER EXCLUDED?	UTIVE Y/N	N/A						E.L. EACH ACCIDE	NT	\$	
	(Mandatory in NH) If yes, describe under								E.L. DISEASE - EA	EMPLOYEE	\$	
<u> </u>	DÉSCRIPTION OF OPERATIONS be				LIDLIOGOGE		0/4/0004	0/4/0000	E.L. DISEASE - POI	ICY LIMIT	\$	
В	Participant Accident Medica	JI			UBH000005		9/1/2021	9/1/2022	\$100,000			
DES	CRIPTION OF OPERATIONS / LOCAT	TIONS / VEHICL	ES (A	CORD	101, Additional Remarks Schedul	e, may be	attached if more	e space is require	ed)			
Ce	is certificate is issued on beh rtificate holder is Additional l the state association. Waiver	nsured as re	espec	ts the	e operations of the Named	Insured	d for sanction					
CEI	RTIFICATE HOLDER				-	CANC	ELLATION					

Spindler Park
19400 Stephens Drive
East Pointe MI 48021

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)

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	confer rights to the certificate				an endorsement. A si	atement on			
PRODUCER USI Insurance	Services NW		CONTACT NAME:						
601 Union Str	eet, Suite 1000		PHONE (A/C, No, Ext): 206-441-6300 (A/C, No):						
Seattle, WA 9	8101		E-MAIL ADDRESS:						
				INSURER(S) AFFORDING CO	OVERAGE	NAIC#			
			INSURER A: Eve	10120					
INSURED	0		INSURER B: QB	39217					
Michigan State Youth 9401 General Drive,	Soccer Association		INSURER C:						
Plymouth MI 48170	Saile 120		INSURER D :						
•			INSURER E :						
			INSURER F:						
COVERAGES	CERTIFICATE NUM	MBER: 63796582		REVIS	SION NUMBER:				
	T THE POLICIES OF INSURANCE								
	ANDING ANY REQUIREMENT, TE SUED OR MAY PERTAIN, THE II								
	TIONS OF SUCH POLICIES. LIMITS	S SHOWN MAY HAVE							
INSR TYPE OF INSUR	ANCE ADDL SUBR	POLICY NUMBER	POLICY E	FF POLICY EXP	LIMITS				

INSR		TYPE OF INSURANCE		SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS		
Α	1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000	
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000	
								MED EXP (Any one person)	\$ Excluded	
								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			SI8GL01851-211	9/1/2021	9/1/2022	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			SI8EX01724-211	9/1/2021	9/1/2022	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)						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
В	Par	ticipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000		

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 & Michigan Youth Soccer League 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
Spiritus Sanctus Academy 4101 E. Joy Rd. Ann Arbor MI 48105	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
4101 E. Joy Rd.	ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY) 9/9/2021

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

	SUBROGATION IS WAIVED, subject sertificate does not confer rights to				•	•	•	require an endo	rsement	. A st	atement on
PROD	JCER USI Insurance Services N	W			CONTACT NAME:						
	601 Union Street, Suite 10				PHONE (A/C, No, Ext): 206-441-6300 (A/C, No):						
	Seattle, WA 98101				E-MAIL ADDRE						
						INS	SURER(S) AFFOR	RDING COVERAGE			NAIC#
					INSURE	RA: Everest	National Insu	rance Company			10120
INSUR	TT .	INSURE	кв: QBE Ins	surance Corp	oration			39217			
IVII Q⊿	chigan State Youth Soccer Ass 01 General Drive, Suite 120	ociat	ion		INSURE	RC:					
P۱	mouth MI 48170				INSURER D:						1
,					INSURER E :						1
					INSURER F:					1	
COV	ERAGES CER	TIFIC	CATE	NUMBER: 63796583				REVISION NUM	IBER:		
INE CE	S IS TO CERTIFY THAT THE POLICIES ICATED. NOTWITHSTANDING ANY RERTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH	QUIR PERT.	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN' ED BY	Y CONTRACT THE POLICIE	OR OTHER I	DOCUMENT WITH D HEREIN IS SUE	RESPEC	OT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	s	
Α	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENC		\$\$1,00	00,000
	CLAIMS-MADE ✓ OCCUR							DAMAGE TO RENTE PREMISES (Ea occur		\$\$300	,000
								MED EXP (Any one n	erson)	\$ Evcli	ıded

Α	<	COMMERCIAL GENERAL LIABILITY		SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
							MED EXP (Any one person)	\$ Excluded
							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		SI8GL01851-211	9/1/2021	9/1/2022	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		SI8EX01724-211	9/1/2021	9/1/2022	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 Y / N	N/A				E.L. EACH ACCIDENT	\$
	(Mar	CER/MEMBEREXCLUDED? datory in NH)					E.L. DISEASE - EA EMPLOYEE	\$
		s, describe under CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
В	Part	icipant Accident Medical		UBH000005	9/1/2021	9/1/2022	\$100,000	

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 & Michigan Youth Soccer League 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
SPORTS ACADEMY 30845 23 MILE ROAD CHESTERFIELD MI 48047	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) 9/9/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

this certificate does not comer rights to the certificate noticer in ned of such endorsement(s).										
PRODUCER USI Insurance Servi	ices NW	CONTACT NAME:								
601 Union Street, S	uite 1000	PHONE (A/C, No, Ext):	206-441-6300	FAX (A/C, No):						
Seattle, WA 98101		E-MAIL ADDRESS:			,					
			VERAGE	NAIC#						
		INSURER A: Eve	10120							
INSURED		INSURER B: QB		39217						
Michigan State Youth Socce 9401 General Drive, Suite 1	ccer Association	INSURER C:								
Plymouth MI 48170	120	INSURER D :								
-		INSURER E :								
		INSURER F:								
COVERAGES	CERTIFICATE NUMBER: 63796584		REVISI	ON 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		ADDL SUBF		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
1	✓ COMMERCIAL GENERAL LIABILITY		SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
	CLAIMS-MADE ✓ OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
						MED EXP (Any one person)	\$ Excluded
						PERSONAL & ADV INJURY	\$\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$\$5,000,000
	POLICY PRO- LOC					PRODUCTS - COMP/OP AGG	\$\$1,000,000
	OTHER:					Participant Legal Liabi	\$\$1,000,000
	AUTOMOBILE LIABILITY		SI8GL01851-211	9/1/2021	9/1/2022	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		SI8EX01724-211	9/1/2021	9/1/2022	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	\$
	Participant Accident Medical		UBH000005	9/1/2021	9/1/2022	\$100,000	

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 & Michigan Youth Soccer League 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
SPRINGFIELD PLAINS ELEMENTARY SCHOOL 8650 HOLCOMB RD CLARKSTON MI 48348	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)

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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 lieu of s	such endorsement(s).							
PRODUCER USI Insurance Services NW	CONTACT NAME:							
601 Union Street, Suite 1000	PHONE (A/C, No, Ext): 206-441-6300 FAX (A/C, No):							
Seattle, WA 98101	E-MAIL ADDRESS:							
	INSURER(S) AFFORDING COVERAGE	NAIC#						
	INSURER A: Everest National Insurance Company	10120						
INSURED	INSURER B: QBE Insurance Corporation							
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:							
Plymouth MI 48170	INSURER D:							
,	INSURER E :							
	INSURER F:							
COVERAGES CERTIFICATE NUMBER: 63796585	REVISION NUMBER:							
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA		-						
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORI								

EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. POLICY EFF POLICY EXP (MM/DD/YYYY) ADDL SUBR TYPE OF INSURANCE POLICY NUMBER LIMITS LTR INSD WVD **COMMERCIAL GENERAL LIABILITY** Α SI8GL01851-211 9/1/2021 9/1/2022 EACH OCCURRENCE DAMAGE TO RENTED \$\$1,000,000 CLAIMS-MADE ✓ OCCUR \$\$300,000 PREMISES (Ea occurrence) MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$\$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$\$5,000,000 PRO-JECT POLICY LOC PRODUCTS - COMP/OP AGG \$\$1,000,000 \$\$1,000,000 OTHER: Participant Legal Liabi COMBINED SINGLE LIMIT (Ea accident) Α **AUTOMOBILE LIABILITY** SI8GL01851-211 9/1/2021 9/1/2022 \$\$1,000,000 ANY AUTO BODILY INJURY (Per person) SCHEDULED AUTOS NON-OWNED OWNED AUTOS ONLY HIRED BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTOS ONLY **AUTOS ONLY** UMBRELLA LIAB SI8EX01724-211 9/1/2021 9/1/2022 / OCCUR EACH OCCURRENCE \$\$5,000,000 **EXCESS LIAB CLAIMS-MADE AGGREGATE** \$\$5,000,000 DED RETENTION \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? 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 UBH000005 9/1/2021 9/1/2022 Participant Accident Medical \$100,000

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

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CERTIFICATE HOLDER	CANCELLATION
Springfield Township Parks Rec (Ford Field) 52700 Van Dyke Ave Shelby Township MI 48316	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)

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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 confe	er rights to the certificate holder in lieu of s	ucn enaorseme	nt(s).			
PRODUCER USI Insurance Ser	vices NW	CONTACT NAME:				
601 Union Street, 3	Suite 1000	PHONE (A/C, No, Ext):	206-441-6300	FAX (A/C, No):		
Seattle, WA 98101		E-MAIL ADDRESS:				
			INSURER(S) AFFORDING COV	ERAGE	NAIC#	
		INSURER A : Eve	ompany	10120		
INSURED	er Association	INSURER B: QB		39217		
Michigan State Youth Soci 9401 General Drive, Suite		INSURER C:				
Plymouth MI 48170	. 120	INSURER D :				
-		INSURER E :				
		INSURER F:				
COVERAGES	CERTIFICATE NUMBER: 63796586		REVISIO	N 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:		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
Α	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE COCCUR		SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,000,000 \$\$300,000
						MED EXP (Any one person)	\$ Excluded
						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		SI8GL01851-211	9/1/2021	9/1/2022	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		SI8EX01724-211	9/1/2021	9/1/2022	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 OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
В	Participant Accident Medical		UBH000005	9/1/2021	9/1/2022	\$100,000	

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 & Michigan Youth Soccer League 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
Springfield Township Parks and Recreation 12000 Davisburg Rd Davisburg MI 48350	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	Gary Patterson
	Gary Patterson



DATE (MM/DD/YYYY) 9/9/2021

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lf	SUE	RTANT: If the certificate holder in BROGATION IS WAIVED, subject ertificate does not confer rights to	to the	e tei	rms and conditions of the	e polic	y, certain po	olicies may	-		
_		R USI Insurance Services N				CONTAC NAME:		,			
		601 Union Street, Suite 10			-	PHONE (A/C, No, Ext): 206-441-6300 (A/C, No):					
		Seattle, WA 98101				E-MAIL ADDRES	SS:	200 441 0000	(A/C, NO)		
						INSURER(S) AFFORDING COVERAGE					NAIC#
						INSURE	RA: Everest	National Insu	irance Company		10120
INSU		igan State Youth Soccer Asso	ociatio	on		INSURE	RB: QBE Ins	surance Corp	oration		39217
9.	401	General Drive, Suite 120	Juan	OH	-	INSURE	RC:				
P	lym	outh MI 48170			-	INSURE	RD:				
					-	INSURE	RE:				
						INSURE	RF:				
					NUMBER: 63796587				REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAINDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE							Y CONTRACT THE POLICIE: REDUCED BY I	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPE D HEREIN IS SUBJECT T	CT TO	WHICH THIS
INSR LTR		TYPE OF INSURANCE	ADDL S INSD V		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	rs	
Α	1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE DAMAGE TO RENTED		00,000
		CLAIMS-MADE ✓ OCCUR							PREMISES (Ea occurrence)	\$\$300	<i>'</i>
									MED EXP (Any one person)	\$ Excl	
								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	- ' '	00,000
Α	ALIT	OTHER:			SI8GL01851-211		9/1/2021	9/1/2022	Participant Legal Liabi COMBINED SINGLE LIMIT	<u> </u>	00,000
^	Α01	ANY AUTO			GIOGEO1031 Z11		3/1/2021	3/1/2022	(Ea accident) BODILY INJURY (Per person)	\$\$1,000,000 \$	
		OWNED SCHEDULED							BODILY INJURY (Per accident)	<u> </u>	
	_	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE	\$	
	/	AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
		UMBRELLA LIAB / OCCUP			SI8EX01724-211		9/1/2021	9/1/2022	EAGU GOOLIDDENGE	<u> </u>	00.000
	1	OCCUR EXCESS LIAB CLAIMS-MADE					0/1/2021	07172022	EACH OCCURRENCE	<u> </u>	00,000 00,000
	Ť	CLAINIS-INIADE							AGGREGATE	·	30,000
	WOR	DED RETENTION \$ RKERS COMPENSATION							PER OTH- STATUTE ER	\$	
	AND	PROPRIETOR/PARTNER/EXECUTIVE Y / N							STATUTE ER	\$	
	OFFI	ICER/MEMBEREXCLUDED?	N/A							· ·	
	If ves	ndatory in NH) s, describe under							E.L. DISEASE - EA EMPLOYER		
В	_	CRIPTION OF OPERATIONS below ticipant Accident Medical			UBH000005		9/1/2021	9/1/2022	E.L. DISEASE - POLICY LIMIT \$100.000	ф	
_									7 , , , , , , , , , , , , , , ,		
DES	CRIPT	TION OF OPERATIONS / LOCATIONS / VEHICI	LES (AC	ORD	101, Additional Remarks Schedul	e, may be	e attached if more	e space is requir	ed)		
Th	s ce	ertificate is issued on behalf of Mich	igan Si	tate	Youth Soccer Association (& Michi	gan Youth So	ccer League			

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 ALAN CHURCH 3077 GLOUCHESTER DRIVE TROY MI 48084	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
	dary raileisur



DATE (MM/DD/YYYY)

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the nolicy(les) must have ADDITIONAL INSURED provisions or be endorsed

	SUE	ROGATION	IS W	/AIVED, subject	to th	he te	rms and conditions of the ificate holder in lieu of su	ne polic	y, certain p	olicies may			t. A st	atement on
				ce Services N				CONTA NAME:		,				
		601 Unio	on S	treet, Suite 10				PHONE (A/C, No	Evt).	206-441-6300	0 (A/C, No):			
		Seattle,	WA 9	98101				E-MAIL ADDRESS:						
														NAIC#
														10120
INSU	IRED								RB: QBE Ins					39217
N	lichi	gan State	Yout	h Soccer Ass	ocia	tion				surance corp	Oration			39217
9.	401	General D	rive.	Suite 120				INSURER C: INSURER D:						
Plymouth MI 48170														
								INSURE						
	VED	AGES		CER	TIEI	^ A TE	NUMBER: 00700500	INSURE	RF:		DEVISION NIII	MDED.		
			V TH				E NUMBER: 63796588 RANCE LISTED BELOW HAY	VE BEE	N ISSUED TO		REVISION NU		HE POI	ICV PERIOD
IN C E	IDICA ERTII XCLU	ATED. NOTW FICATE MAY	ITHS BE IS	Tanding any re Ssued or may	EQUIF PERT POLI	REME AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WIT D HEREIN IS SU	H RESPE	CT TO	WHICH THIS
INSR LTR		TYPE O	F INSU	RANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
Α	1	COMMERCIAL	GENE	RAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURREN		\$\$1,00	00,000
		CLAIMS-M	IADE	✓ OCCUR							DAMAGE TO RENT PREMISES (Ea occ	ED urrence)	\$\$300	,000
	92 92 93961.									,		\$ Exclu	uded	
											PERSONAL & ADV	V INJURY \$\$1,000		00,000
	GEN	I'L AGGREGATE	LIMIT	APPLIES PER:							GENERAL AGGRE	GATE	s \$5,000,000	
		POLICY PRO- JECT LOC								PRODUCTS - COM	P/OP AGG	\$\$1,00	00.000	
		OTHER:	ULU!								Participant Leg		\$\$1,00	
Α	AUT	AUTOMOBILE LIABILITY				SI8GL01851-211		9/1/2021	9/1/2022	COMBINED SINGL (Ea accident)	E LIMIT	\$\$1,00		
		ANY AUTO									BODILY INJURY (F		\$	30,000
		OWNED		SCHEDULED							BODILY INJURY (F	er accident)	\$	
		AUTOS ONLY HIRED		AUTOS NON-OWNED							PROPERTY DAMA (Per accident)	GE	\$	
		AUTOS ONLY	_	AUTOS ONLY							(Per accident)		\$	
		UMBRELLA LIA	В	✓ OCCUR			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURREN	CE.	¢ ¢ 5 00	00,000
		EXCESS LIAB		CLAIMS-MADE								OE .	· ′	00,000
			TENT								AGGREGATE		·	30,000
	WOR	DED RE	ETENTI SATION								PER STATUTE	OTH- ER	\$	
	AND	EMPLOYERS' L	ABILIT	Υ Υ/Ν									•	
	OFFI	CER/MEMBEREX	CLUDI	ED?	N/A						E.L. EACH ACCIDE		\$	
	If yes	datory in NH) s, describe under									E.L. DISEASE - EA			
В		CRIPTION OF O					UBH000005		9/1/2021	9/1/2022	E.L. DISEASE - PO \$100,000	LICY LIMIT	\$	
B Participant Accident Medical UBH000005									07172021	0,1,12022	\$100,000			
DES	CRIPT	ION OF OPERAT	IONS /	LOCATIONS / VEHIC	LES (A	ACORD	101, Additional Remarks Schedu	ile, may b	e attached if mor	e space is requir	ed)			
This certificate is issued on behalf of Michigan State Youth Soccer Association & Michigan Youth Soccer League 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.														
CE	RTIF	ICATE HOL	DER				-	CANO	CELLATION					
4	050 [.]	chaels Act 1 Hayes ng Heights	-					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								LAUTHO	DIZED BEDBESE	NTATIVE				

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Gary D. Putterson



DATE (MM/DD/YYYY) 9/9/2021

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.

	SUBROGATION IS WAIVED, subject to the terms and conditions of the secrificate does not confer rights to the certificate holder in lieu of so		tement on		
	ucer USI Insurance Services NW	CONTACT NAME:			
	601 Union Street, Suite 1000	PHONE (A/C, No, Ext): 206-441-6300 FAX (A/C, No):			
	Seattle, WA 98101	E-MAIL ADDRESS:			
		INSURER(S) AFFORDING COVERAGE	NAIC#		
		INSURER A: Everest National Insurance Company	10120		
INSUR		INSURER B: QBE Insurance Corporation	39217		
	chigan State Youth Soccer Association 01 General Drive, Suite 120	INSURER C:			
	ymouth MI 48170	INSURER D :			
		INSURER E :			
		INSURER F:			
COV	ZERAGES CERTIFICATE NUMBER: 63796589	REVISION NUMBER:			
	IS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAD DICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION				
CE	RTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORD	D BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL TH			
	CLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE				
INSR LTR	TYPE OF INSURANCE ADDL SUBR INSD WVD POLICY NUMBER	POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS			
Α	✓ COMMERCIAL GENERAL LIABILITY SI8GL01851-211	9/1/2021 9/1/2022 EACH OCCURRENCE \$\$1,000	0,000		
	CLAIMS-MADE / OCCUR	DAMAGE TO RENTED PREMISES (Ea occurrence) \$\$300,0	000		

LTR				WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS		
Α	1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000	
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000	
								MED EXP (Any one person)	\$ Excluded	
								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			SI8GL01851-211	9/1/2021	9/1/2022	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			SI8EX01724-211	9/1/2021	9/1/2022	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 Y / 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	Part	icipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000		

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 & Michigan Youth Soccer League 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 495 Earhart Rd Ann Arbor MI 48105	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) 9/9/2021

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.

	SUBROGATION IS WAIVED, subject s certificate does not confer rights t							require an endorsement	. A sta	tement on
	USI Insurance Services N		- 0011	moute notaer in nea or or	CONTAC		· · · · · · · · · · · · · · · · · · ·			
	601 Union Street, Suite 10				NAME: PHONE		206 441 6200	FAX		
	Seattle, WA 98101				(A/C, No.		206-441-6300) (A/C, No):		
					ADDRESS:					NAIC#
					INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Everest National Insurance Company 10120					
INSUF	ED .				surance Corp			39217		
Mi	chigan State Youth Soccer Asse		INSURE		surance corp	oration		39217		
9401 General Drive, Suite 120										
"	mouth MI 48170				INSURE					
					INSURE					
COV	ERAGES CER	TIFIC	ATE	NUMBER: 63796590	INSURE	<u> </u>		REVISION NUMBER:		
	IS IS TO CERTIFY THAT THE POLICIES				VE BEEN	N ISSUED TO			HE POLIC	CY PERIOD
INE	DICATED. NOTWITHSTANDING ANY RE	QUIF	REME	NT, TERM OR CONDITION	OF ANY	CONTRACT	OR OTHER I	DOCUMENT WITH RESPEC	CT TO W	HICH THIS
	RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH								O ALL TH	HE TERMS,
INSR		ADDL	SUBR			POLICY EFF	POLICY EXP			
A	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER SI8GL01851-211		9/1/2021	9/1/2022	LIMIT		2 000
^	* 			GIGGEO 1001-211		0, 1, LUL I	0/1/2022	EACH OCCURRENCE DAMAGE TO RENTED	\$\$1,000	<i>'</i>
	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)	\$\$300,0	
								MED EXP (Any one person)	\$ Exclud	
I ⊦								PERSONAL & ADV INJURY	\$\$1,000	,
l	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$\$5,000	
I ⊦	POLICY JECT LOC							PRODUCTS - COMP/OP AGG	\$\$1,000	,
	OTHER: AUTOMOBILE LIABILITY			CIOCI 010E1 011		9/1/2021	9/1/2022	Participant Legal Liabi	\$\$1,000	-
A	ANY AUTO			SI8GL01851-211		9/1/2021	9/1/2022	(Ea accident)	\$\$1,000	0,000
l ⊦	OWNED SCHEDULED							BODILY INJURY (Per person)	\$	
	AUTOS ONLY AUTOS NON-OWNED							BODILY INJURY (Per accident) PROPERTY DAMAGE		
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
\vdash	LIMPRELLALIAR			SI8EX01724-211		9/1/2021	9/1/2022		\$	
	UMBRELLA LIAB ✓ OCCUR			SIDEXU1/24-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,000	<i>'</i>
	✓ EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$\$5,000	0,000
<u> </u>	DED RETENTION \$ WORKERS COMPENSATION							PER OTH-	\$	
	AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
	ANYPROPRIETOR/PARTNER/EXECUTIVE DFFICER/MEMBEREXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	Mandatory in NH) f yes, describe under							E.L. DISEASE - EA EMPLOYEE		
	DÉSCRIPTION OF OPERATIONS below			UBH000005		0/1/0001	0/4/0000	E.L. DISEASE - POLICY LIMIT	\$	
B	Participant Accident Medical			UBHUUUUUS		9/1/2021	9/1/2022	\$100,000		
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedu	ile, may be	attached if mor	e space is requir	ed)		
	certificate is issued on behalf of Mich									
Cer	ificate holder is Additional Insured as r le state association. Waiver of Subroga	espe	cts th annlie	e operations of the Named as when required by writter	l Insured n contra	l tor sanction	ied activities			
"	o state association. Walver of Subroge	211011	аррііс	oo whom required by writter	ii oonii a	J				
	TIFICATE HOLDER		CANCELLATION							
CER	III IOATE HOLDER									
CER	THIORIE HOLDEN				6 nVi		THE APONE D	ESCRIBED DOLLOIES RE CA	ANCELLE	IN REFORE
St	Clair County RESA 9 Range Rd arysville MI 48040				THE	JLD ANY OF	N DATE THE	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E BY PROVISIONS.		-

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Gary D. Putterson

AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY) 9/9/2021

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).

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	JSI Insurance Services N	W		CONTACT NAME:						
6	601 Union Street, Suite 10	000		PHONE (A/C, No. Ext):	:	206-441-6300)	FAX (A/C, No):		
	Seattle, WA 98101		E-MAIL ADDRESS:							
			INSURER(S) AFFORDING COVERAGE						NAIC#	
				INSURER A : E	verest	National Insu	rance Company	<u> </u>		10120
INSURED	INSURER B : Q	BE In	surance Corpo	oration			39217			
Michigar		INSURER C:								
Plymout	eneral Drive, Suite 120 h MI 48170			INSURER D:						
,				INSURER E :						
				INSURER F:						
COVERAG	ES CER	TIFICATE	NUMBER: 63796591				REVISION NUI	VIBER:		
	O CERTIFY THAT THE POLICIES									
	D. NOTWITHSTANDING ANY RE ATE MAY BE ISSUED OR MAY									
-	NS AND CONDITIONS OF SUCH	,						20231 10	,L 1	
INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLIC' (MM/DD		POLICY EXP (MM/DD/YYYY)		LIMIT	s	
Λ	MMEDCIAL CENEDAL LIABILITY		CIOCI 01051 211	0/1/20	21	0/1/2022			4	

LTR	TR TYPE OF INSURANCE			WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS		
Α	<	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000	
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000	
								MED EXP (Any one person)	\$ Excluded	
								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			SI8GL01851-211	9/1/2021	9/1/2022	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			SI8EX01724-211	9/1/2021	9/1/2022	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 Y / N	N/A					E.L. EACH ACCIDENT	\$	
	(Man	CER/MEMBEREXCLUDED?	117.2					E.L. DISEASE - EA EMPLOYEE	\$	
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
В	Pari	ticipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000		

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 & Michigan Youth Soccer League 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. CLAIR COUNTY RESA 499 RANGE ROAD MARYSVILLE MI 48040	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) 9/9/2021

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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 to the terms and conditions of t	ne policy, certain policies may require an endorsement. A sta	tement on				
th	is certificate does not confer rights to the certificate holder in lieu of s	uch endorsement(s).					
PROI	DUCER USI Insurance Services NW	CONTACT NAME:					
	601 Union Street, Suite 1000	PHONE (A/C, No, Ext): 206-441-6300 FAX (A/C, No):					
	Seattle, WA 98101	E-MAIL ADDRESS:					
		INSURER(S) AFFORDING COVERAGE	NAIC#				
		INSURER A: Everest National Insurance Company	10120				
INSU	·· ·	INSURER B: QBE Insurance Corporation	39217				
IVI 92	lichigan State Youth Soccer Association 401 General Drive, Suite 120	INSURER C:					
Ď	lymouth MI 48170	INSURER D:					
		INSURER E :					
		INSURER F:					
CO	VERAGES CERTIFICATE NUMBER: 63796592	REVISION NUMBER:					
	HIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAIDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION						
CE	ERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORD	ED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL T	HE TERMS,				
	XCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE						
INSR LTR	TYPE OF INSURANCE ADDL SUBR INSURING WVD POLICY NUMBER	POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS					
Α	COMMERCIAL GENERAL LIABILITY SI8GL01851-211	9/1/2021 9/1/2022 _{EACH OCCURRENCE} \$\$1.00	0.000				

LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
Α	1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
								MED EXP (Any one person)	\$ Excluded
								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	AUT	OMOBILE LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	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			SI8EX01724-211	9/1/2021	9/1/2022	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 TIME	N/A					E.L. EACH ACCIDENT	\$
	OFFICER/MEMBEREXCLUDED? (Mandatory in NH)		III A					E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$
В	Part	icipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000	

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 & Michigan Youth Soccer League 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. CLAIR HIGH SCHOOL 2200 CLINTON AVENUE ST. CLAIR MI 48079	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
	dary ratiosom



DATE (MM/DD/YYYY) 9/9/2021

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

lf	If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on									
th	s certificate does not confer rights	to the cer	tificate holder in lieu of su	ıch endor	rsement(s)).				
PROI	USI Insurance Services N			CONTACT NAME:						
	601 Union Street, Suite 10	000		PHONE (A/C, No, Ex	xt): 2	206-441-6300		FAX (A/C, No):		
	Seattle, WA 98101	É-MAIL ADDRESS:					·			
			INS	URER(S) AFFOR	DING COVERAGE		NAIC#			
			INSURER A	: Everest	National Insu	rance Company		10120		
INSURED					s: QBE Ins	urance Corpo	oration		39217	
IVI 9∠	chigan State Youth Soccer Ass 01 General Drive, Suite 120	ociation		INSURER C:						
ΡΙ	ymouth MI 48170			INSURER D :						
				INSURER E :						
				INSURER F	·:					
CO	'ERAGES CEF	RTIFICAT	E NUMBER: 63796593				REVISION NUM	IBER:		
	IS IS TO CERTIFY THAT THE POLICIES									
	DICATED. NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR MAY									
	CLUSIONS AND CONDITIONS OF SUCH	POLICIES	. LIMITS SHOWN MAY HAVE							
INSR LTR	TYPE OF INSURANCE	ADDL SUB			OLICY EFF M/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	s	
Α	COMMERCIAL GENERAL LIABILITY		SI8GI 01851-211	9/	/1/2021	9/1/2022	EAGU GOOUDDENG		et1 000 000	

LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
Α	1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
								MED EXP (Any one person)	\$ Excluded
								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	AUT	OMOBILE LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	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			SI8EX01724-211	9/1/2021	9/1/2022	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 TIME	N/A					E.L. EACH ACCIDENT	\$
	OFFICER/MEMBEREXCLUDED? (Mandatory in NH)		III A					E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$
В	Part	icipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000	

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 & Michigan Youth Soccer League 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. CLAIR MIDDLE SCHOOL 4335 YANKEE RD ST. CLAIR MI 48079	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)

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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 ri	gnts to the certificate holder in lieu of s	ucn enaorsemei	πt(s).				
PRODUCER USI Insurance Service	es NW	CONTACT NAME:					
601 Union Street, Su	ite 1000	PHONE (A/C, No, Ext):	206-441-6300	FAX (A/C, No):			
Seattle, WA 98101		E-MAIL ADDRESS:					
			INSURER(S) AFFORDING COVERA	GE	NAIC#		
		INSURER A : Eve	any	10120			
INSURED CLARA NO. 11. O	A	INSURER B: QBE Insurance Corporation 39217					
Michigan State Youth Soccei 9401 General Drive, Suite 12	ASSOCIATION On	INSURER C:					
Plymouth MI 48170	_0	INSURER D :					
		INSURER E :					
		INSURER F:					
COVERAGES	CERTIFICATE NUMBER: 63796594		REVISION	NUMBER:			
THIS IS TO CERTIFY THAT THE PO	LICIES OF INSURANCE LISTED BELOW HA	VE BEEN ISSUED	TO THE INSURED NAMED A	BOVE FOR THE POL	ICY PERIOD		

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)	LIMITS	
Α	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE COCCUR		SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,000,000 \$\$300,000
						MED EXP (Any one person)	\$ Excluded
						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		SI8GL01851-211	9/1/2021	9/1/2022	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		SI8EX01724-211	9/1/2021	9/1/2022	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 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	Participant Accident Medical		UBH000005	9/1/2021	9/1/2022	\$100,000	

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

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OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE
ION DATE THEREOF, NOTICE WILL BE DELIVERED IN WITH THE POLICY PROVISIONS.
SENTATIVE Say D. Pullerson



DATE (MM/DD/YYYY) 9/9/2021

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

	SUBROGATION IS WAIVED, subjects subjected in Subjects							require an endorsement.	. A st	atement on	
_	DUCER USI Insurance Services		0 001	inicate notaer in nea or or	CONTACT						
	601 Union Street, Suite				NAME: PHONE (A/C, No, Ext): 206-441-6300 (A/C, No):						
Seattle. WA 98101						-,,-	200-44 1-0300) (A/C, No):			
					ADDRE		CURER(C) AFFOR	DINC COVERACE		NAIC #	
					INCUE			RDING COVERAGE		NAIC# 10120	
INSL	JRED						surance Corp	rance Company		39217	
ΙM	lichigan State Youth Soccer A	socia	ation				surance Corp	oralion		39217	
9	401 General Drive, Suite 120				INSURE						
٢	lymouth MI 48170				INSURE						
					INSURE						
	VERAGES C	DTIE	CATI	E NUMBER: 00700505	INSURE	RF:		DEVISION NUMBER.			
	HIS IS TO CERTIFY THAT THE POLIC			E NUMBER: 63796595 RANCE LISTED BELOW HAY	VE REE	N ISSUED TO	THE INSURE	REVISION NUMBER:	IE POL	ICY PERIOD	
	NDICATED. NOTWITHSTANDING ANY										
	ERTIFICATE MAY BE ISSUED OR MAXCLUSIONS AND CONDITIONS OF SU								ALL 7	THE TERMS,	
INSR	TVPE OF WOUR 1110F	ADD	LSUBF	R	DEEN	POLICY EFF	POLICY EXP				
LTR A	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY	INSI	WVD	POLICY NUMBER SI8GL01851-211		(MM/DD/YYYY) 9/1/2021	9/1/2022	LIMITS			
^				0.00001001-211		0/1/2021	01112022	EACH OCCURRENCE DAMAGE TO RENTED		00,000	
	CLAIMS-MADE OCCUR								\$\$300	,	
		-						MED EXP (Any one person)	\$ Exclu		
		-						PERSONAL & ADV INJURY		00,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE		00,000	
	POLICY JECT LOC								. ,	00,000	
_	OTHER: AUTOMOBILE LIABILITY			CIOCI 01051 011		9/1/2021	9/1/2022	COMPINED CINICI E LIMIT		00,000	
A	ANY AUTO			SI8GL01851-211		9/1/2021	9/1/2022	(======================================	, , -	00,000	
	OWNED SCHEDULED							` ' '	\$		
	AUTOS ONLY AUTOS NON-OWNED							BODILY INJURY (Per accident) PROPERTY DAMAGE			
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
	LIMPRELLA LIAR			SI8EX01724-211		9/1/2021	9/1/2022		\$		
	UMBRELLA LIAB OCCUR			SIDEXU1724-211		9/1/2021	9/1/2022	EACH OCCURRENCE		00,000	
	✓ EXCESS LIAB CLAIMS-MA	DE						AGGREGATE		00,000	
	DED RETENTION \$ WORKERS COMPENSATION							PER OTH-	\$		
	AND EMPLOYERS' LIABILITY	N						PER OTH- STATUTE ER			
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N / A	A					E.L. EACH ACCIDENT	\$		
	(Mandatory in NH) If yes, describe under	_						E.L. DISEASE - EA EMPLOYEE			
<u> </u>	DÉSCRIPTION OF OPERATIONS below			UBH000005		0/1/0001	0/1/0000	E.L. DISEASE - POLICY LIMIT	\$		
В	Participant Accident Medical			UDHUUUUUS		9/1/2021	9/1/2022	\$100,000			
							l				
DES	CRIPTION OF OPERATIONS / LOCATIONS / VE	IICLES	(ACORI	D 101, Additional Remarks Schedu	le, may b	e attached if mo	re space is requir	ed)			
	is certificate is issued on behalf of M										
	ertificate holder is Additional Insured a the state association. Waiver of Subr						ned activities				
	the state association. Walver of Sub-	gatioi	і арріі	co when required by writter	1 001111	201.					
Ļ					_						
CE	RTIFICATE HOLDER				CANO	CELLATION					
					SHO	OULD ANY OF	THE ABOVE D	ESCRIBED POLICIES BE CA	NCELI	ED BEFORE	
Ş	t. John Lutheran School				THE	EXPIRATIO	N DATE TH	EREOF, NOTICE WILL B			
¦	011 W University Rochester MI 48307				ACCORDANCE WITH THE POLICY PROVISIONS.						

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Gary D. Putterson

AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY)

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this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).									
PRODUCER USI Insurance Services NW	CONTACT NAME:								
601 Union Street, Suite 1000	PHONE (A/C, No, Ext): 206-441-6300 (A/C, No):								
Seattle, WA 98101	E-MAIL ADDRESS:								
	INSURER(S) AFFORDING COVERAGE	NAIC#							
	INSURER A: Everest National Insurance Company	10120							
INSURED	INSURER B: QBE Insurance Corporation 39217								
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:								
Plymouth MI 48170	INSURER D:								
	INSURER E :								
	INSURER F:								
COVERAGES CERTIFICATE NUMBER: 63796596	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									

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 COMMERCIAL GENERAL LIABILITY	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
COMMERCIAL GENERAL LIABILITY			((INTINUE DITTILITY	LIMITS			
OGINIMEROIAE GENERAE EIABIETT		SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000		
CLAIMS-MADE ✓ OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000		
					MED EXP (Any one person)	\$ Excluded		
					PERSONAL & ADV INJURY	\$\$1,000,000		
EN'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		
UTOMOBILE LIABILITY		SI8GL01851-211	9/1/2021	9/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000		
ANY AUTO					BODILY INJURY (Per person)	\$		
					BODILY INJURY (Per accident)	\$		
HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$		
						\$		
UMBRELLA LIAB ✓ OCCUR		SI8EX01724-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,000,000		
CLAIMS-MADE					AGGREGATE	\$\$5,000,000		
DED RETENTION \$						\$		
ORKERS COMPENSATION ND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER			
NYPROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT	\$		
landatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$		
yes, describe under ESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$		
articipant Accident Medical		UBH000005	9/1/2021	9/1/2022	\$100,000			
CN	POLICY PROJECT LOC OTHER: ITOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ OKKERS COMPENSATION DEMPLOYERS' LIABILITY VPROPRIETOR/PARTNER/EXECUTIVE FICER/MEMBEREXCLUDED? INDICATOR OF OPERATIONS below	POLICY PRODECT LOC OTHER: ITOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY HIRED AUTOS ONLY UMBRELLA LIAB EXCESS LIAB DED RETENTION \$ OKERS COMPENSATION D EMPLOYERS' LIABILITY V/N VPROPRIETOR/PARTNER/EXECUTIVE FICER/MEMBEREXCLUDED? INDIADON'S DEVICE OF THE PROPERTY	POLICY PROJECT LOC OTHER: ITOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY UMBRELLA LIAB CLAIMS-MADE DED RETENTION \$ OKKERS COMPENSATION D EMPLOYERS LIABILITY PYPROPRIETOR/PARTNER/EXECUTIVE FICER/MEMBEREXCLUDED? INDIANO OF OPERATIONS below SIRVERS COMPENSATION OF OPERATIONS below	POLICY JECT LOC OTHER: STOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY HIRED AUTOS ONLY CLAIMS-MADE DED RETENTION \$ RETENTION \$	POLICY JECT LOC OTHER: STOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ ORKERS COMPENSATION DEMPLOYER'S LIABILITY YPROPRIETOR/PARTNER/EXECUTIVE FICER/MEMBER EXCLUDED? SINGRANG CRIPTION S below N / A SISSEX01724-211 SISSEX01724-211 9/1/2021 9/1/2022	PERSONAL & ADV INJURY GENERAL AGGREGATE POLICY PRODUCTS - COMP/OP AGG OTHER: OTHER: ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY BODILY INJURY (Per person) BODILY INJURY (Per pe		

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

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ST. JOHN VIANNEY CATHOLIC CHURCH 54045 SCHOENHERR ROAD SHELBY TOWNSHIP MI 48315 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CATHE EXPIRATION DATE THEREOF, NOTICE WILL BACCORDANCE WITH THE POLICY PROVISIONS.	
AUTHORIZED REPRESENTATIVE	
Gary D. Patt	terson
Gary Patterson	



DATE (MM/DD/YYYY) 9/9/2021

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this certificate does not confer rights to					•	equire an endo	rsement. A st	atement on
PRODUCER USI Insurance Services N	CONTACT NAME:		<i>'</i>		FAV			
601 Union Street, Suite 10 Seattle, WA 98101	PHONE (A/C, No, Ext) E-MAIL): 2	206-441-6300		FAX (A/C, No):			
,			ADDRESS:			D.W.O. O.O. / ED.A.O.F		NA10 #
				INS	URER(S) AFFOR	DING COVERAGE		NAIC#
			INSURER A:	Everest	National Insu	rance Company		10120
Michigan State Youth Soccer Association 9401 General Drive, Suite 120				QBE Ins	urance Corpo	oration		39217
				INSURER C:				
Plymouth MI 48170			INSURER D :					
•			INSURER E :					
			INSURER F:					
COVERAGES CER	TIFICATE N	UMBER: 63796597				REVISION NUM	IBER:	
THIS IS TO CERTIFY THAT THE POLICIES	OF INSURAN	ICE LISTED BELOW HA	VE BEEN IS	SUED TO	THE INSURE	D NAMED ABOVE	FOR THE POL	ICY PERIOD
INDICATED. NOTWITHSTANDING ANY RE	EQUIREMENT,	TERM OR CONDITION	OF ANY CO	ONTRACT	OR OTHER D	OCUMENT WITH	RESPECT TO	WHICH THIS
CERTIFICATE MAY BE ISSUED OR MAY	ED BY THE	POLICIES	S DESCRIBED	HEREIN IS SUB	BJECT TO ALL	ΓHE TERMS,		
EXCLUSIONS AND CONDITIONS OF SUCH	POLICIES. LIM	IITS SHOWN MAY HAVE	BEEN REDU	JCED BY F	PAID CLAIMS.			
NSR LTR TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER		LICY EFF /DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	
A COMMERCIAL GENERAL LIABILITY	SIE	3GL01851-211	9/1/	/2021	9/1/2022	EACH OCCURRENC		00,000

LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	s
Α	/	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE DAMAGE TO RENTED	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						PREMISES (Ea occurrence)	\$\$300,000
								MED EXP (Any one person)	\$ Excluded
								PERSONAL & ADV INJURY	\$\$1,000,000
	GEI	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$\$5,000,000
		POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$\$1,000,000
		OTHER:						Participant Legal Liabi	\$\$1,000,000
Α	ΑU	TOMOBILE LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	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			SI8EX01724-211	9/1/2021	9/1/2022	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 ICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Mai	ndatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$
	If ye DES	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Par	ticipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000	·

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

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CERTIFICATE HOLDER	CANCELLATION
ST. JOHNS HIGH SCHOOL 501 S SICKELS ST. ST. JOHNS. MI 48879	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) 9/9/2021

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	SUBROGATION IS WAIVED, subject is certificate does not confer rights to							equire an endorsement.	A sta	atement on
PRO	DUCER USI Insurance Services N	N			CONTAC NAME:	СТ				
601 Union Street, Suite 1000						o, Ext): 2	206-441-6300	FAX (A/C, No):		
Seattle, WA 98101						SS:	.00 ++1 0000	(A/C, NO).		
							URER(S) AFFOR	DING COVERAGE		NAIC#
					INSURE		. ,	rance Company		10120
INSU						кв: QBE Ins		•		39217
M	lichigan State Youth Soccer Asso 401 General Drive, Suite 120	ciat	tion		INSURE	RC:	•			
P	lymouth MI 48170				INSURE	RD:				
	•				INSURE	RE:				
					INSURE	RF:				
				NUMBER: 63796598				REVISION NUMBER:		
IN CI E)	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY FACLUSIONS AND CONDITIONS OF SUCH	QUIR PERT POLIC	REMEI AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN'	Y CONTRACT THE POLICIES REDUCED BY F	OR OTHER DESCRIBED PAID CLAIMS.	DOCUMENT WITH RESPECT	T TO V	VHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
Α	✓ COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022		\$1,00	0,000
	CLAIMS-MADE ✓ OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,	000
								MED EXP (Any one person)	Exclu	ded
								PERSONAL & ADV INJURY	\$1,00	0,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$5,00	0,000
	POLICY PRO- JECT LOC								\$1,00	-,
_	OTHER:			01001 01051 011		0/4/0004	0/4/0000	COMPINED SINGLE LIMIT	\$1,00	-,
Α	AUTOMOBILE LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	(Ea accident)	\$1,00	0,000
	ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per person)		
	AUTOS ONLY AUTOS NON-OWNED							BODILY INJURY (Per accident) \$ PROPERTY DAMAGE		
	AUTOS ONLY AUTOS ONLY							(Per accident)		
	UMBRELLA LIAB / OCCUP			SI8EX01724-211		9/1/2021	9/1/2022			2 2 2 2
	/ EXOCOLUAD			OIOLAUTTE4 ETT		3/1/2021	3/1/2022		\$5,00	,
	CLAIMS-MADE								\$5,00 `	0,000
	DED RETENTION \$ WORKERS COMPENSATION							PER OTH- STATUTE ER	•	
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT		
	OFFICER/MEMBEREXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT		
В	Participant Accident Medical			UBH000005		9/1/2021	9/1/2022	\$100,000		
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORD	101. Additional Remarks Schedu	le. mav be	e attached if more	space is require	ed)		
Thi Ce	This certificate is issued on behalf of Michigan State Youth Soccer Association & Michigan Youth Soccer League 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.									
CEI	RTIFICATE HOLDER				CANC	ELLATION				
16	t. Johns Lutheran 6339 14 Mile Road raser MI 48026				THE	EXPIRATION	DATE THE	ESCRIBED POLICIES BE CAI REOF, NOTICE WILL BE Y PROVISIONS.		
					AUTHO	RIZED REPRESEI	NTATIVE			

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Gary D. Putterson



DATE (MM/DD/YYYY) 9/9/2021

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.

	SUBROGATION IS WAIVED, subject s certificate does not confer rights t			•	•	•	require an endorsement	A statement of	on
	JCER USI Insurance Services N' 601 Union Street, Suite 10 Seattle, WA 98101	N	inicate noider in ned or st	CONTAI NAME: PHONE (A/C, NO E-MAIL), Ext): 2	206-441-6300	FAX (A/C, No):		
					SS: INS	SURER(S) AFFOR	RDING COVERAGE	NAIC #	#
				INSURE	RA: Everest	National Insu	rance Company	10120	
INSUR	 -			INSURE	кв: QBE Ins	surance Corp	oration	39217	
Mic 940	chigan State Youth Soccer Asso 01 General Drive, Suite 120	ociation	1	INSURER C:					
	mouth MI 48170			INSURER D:					
,				INSURER E :					
				INSURER F:					
COV	ERAGES CER	TIFICAT	E NUMBER: 63796599				REVISION NUMBER:		
IND CEF	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 SUE			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	 S	
Α ,	COMMERCIAL GENERAL LIABILITY		SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1.000.000	
	CLAIMS MADE / OCCUP						DAMAGE TO RENTED	¢ \$300 000	\neg

LTR	TR TYPE OF INSURANCE		TYPE OF INSURANCE INSD WVD POLICY NUMBER		POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	
Α	1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
								MED EXP (Any one person)	\$ Excluded
								PERSONAL & ADV INJURY	\$\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$\$5,000,000
		POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$\$1,000,000
		OTHER:						Participant Legal Liabi	\$\$1,000,000
Α	AUT	TOMOBILE LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	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			SI8EX01724-211	9/1/2021	9/1/2022	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 ICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Mar	ndatory in NH)	1177					E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Par	ticipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000	

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 & Michigan Youth Soccer League 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. Leonard's Port Maurice 14057 East 9 Mile Warren MI 48089	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 confer rights to the certificate holder in fieu of such endorsement(s).							
PRODUCER USI Insurance Service	es NW	CONTACT NAME:					
601 Union Street, Su	ite 1000	PHONE (A/C, No, Ext):	206-441-6300	FAX (A/C, No):			
Seattle, WA 98101	E-MAIL ADDRESS:						
			INSURER(S) AFFORDING COVI	ERAGE	NAIC#		
		INSURER A : Eve	mpany	10120			
INSURED		INSURER B: QBE Insurance Corporation 39217					
Michigan State Youth Soccer 9401 General Drive, Suite 12	r Association 20	INSURER C :					
Plymouth MI 48170		INSURER D :					
•		INSURER E :					
		INSURER F:					
COVERAGES	CERTIFICATE NUMBER: 63796600		REVISIO	N NUMBER:			
THIS IS TO SEPTIENT THE BO	LIGHT OF MICHEANICE LIGHTED BELOW HA	VE BEEN LOOUES	TO THE INCHES NAME	A DOVE FOR THE DOL	IOV DEDICE		

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		ADDL SU		POLICY EFF	POLICY EXP	LIMIT	e
A A	COMMERCIAL GENERAL LIABILITY	INSD W	SI8GL01851-211	9/1/2021	9/1/2022		
^	COMMERCIAL GENERAL LIABILITY		518GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE DAMAGE TO RENTED	\$\$1,000,000
	CLAIMS-MADE ✓ OCCUR					PREMISES (Ea occurrence)	\$\$300,000
						MED EXP (Any one person)	\$ Excluded
						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		SI8GL01851-211	9/1/2021	9/1/2022	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		SI8EX01724-211	9/1/2021	9/1/2022	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	Participant Accident Medical		UBH000005	9/1/2021	9/1/2022	\$100,000	

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

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CERTIFICATE HOLDER	CANCELLATION
St. MATTHIAS CATHOLIC COMMUNITY 12311 NINETEEN MILE ROAD Sterling Heights MI 48313	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. Putturson
	Gary Patterson



DATE (MM/DD/YYYY)

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this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).								
PRODUCER USI Insurance Services NV		CONTACT NAME:						
601 Union Street, Suite 10	000	PHONE (A/C, No, Ext):	206-441-6300	FAX (A/C, No):				
Seattle, WA 98101		E-MAIL ADDRESS:						
			INSURER(S) AFFORDIN	IG COVERAGE	NAIC#			
		INSURER A : Eve	rest National Insurar	nce Company	10120			
INSURED		INSURER B: QB	E Insurance Corpora	tion	39217			
Michigan State Youth Soccer Asso 9401 General Drive, Suite 120	ociation	INSURER C :	INSURER C:					
Plymouth MI 48170		INSURER D :	INSURER D :					
·		INSURER E :	INSURER E :					
		INSURER F:						
COVERAGES CER	RTIFICATE NUMBER: 6379660)1	RE	VISION NUMBER:				
THIS IS TO CERTIFY THAT THE POLICIES								
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 F	POLICIES. LIMITS SHOWN MAY H	IAVE BEEN REDUCED	BY PAID CLAIMS.					
	ADDL SUBR INSD WVD POLICY NUMB	POLICY E (MM/DD/Y	FF POLICY EXP (YY) (MM/DD/YYYY)	LIMITS				
A COMMEDOIAL OFNEDAL LIABILITY	CIOCI 040E4 044	0/4/000	1 0/4/0000					

LTR	TR TYPE OF INSURANCE		TYPE OF INSURANCE INSD WVD POLICY NUMBER		POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	
Α	1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
								MED EXP (Any one person)	\$ Excluded
								PERSONAL & ADV INJURY	\$\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$\$5,000,000
		POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$\$1,000,000
		OTHER:						Participant Legal Liabi	\$\$1,000,000
Α	AUT	TOMOBILE LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	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			SI8EX01724-211	9/1/2021	9/1/2022	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 ICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Mar	ndatory in NH)	1177					E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Par	ticipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000	

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

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CERTIFICATE HOLDER	CANCELLATION
ST. PAUL ALBANIAN CHRUCH 525 W. AUBURN RD ROCHESTER HILLS MI 48307	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
	dary Fallerson



DATE (MM/DD/YYYY) 9/9/2021

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	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).									
PRODUC	ER USI Insurance Services N	W		CONTACT NAME:						
	601 Union Street, Suite 10	000		PHONE (A/C, No. Ext):	2	206-441-6300		FAX (A/C, No):		
	Seattle, WA 98101	E-MAIL ADDRESS:				, ,				
			INS	URER(S) AFFOR	DING COVERAGE			NAIC#		
				INSURER A : EV	erest	National Insu	rance Company			10120
INSURED	INSURER B : QE	BE Ins	surance Corpo	oration			39217			
IVIICN Q⊿∩1	iigan State Youth Soccer Ass I General Drive, Suite 120	ociation		INSURER C:						
Plym	nouth MI 48170			INSURER D :						
				INSURER E :						
				INSURER F:						
COVE	RAGES CER	RTIFICAT	E NUMBER: 63796602				REVISION NUI	MBER:		
_	IS TO CERTIFY THAT THE POLICIES									
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.										
-	USIONS AND CONDITIONS OF SUCH	,						20201 10	,L I	,
INSR LTR	TYPE OF INSURANCE	ADDL SUBI		POLICY (MM/DD/		POLICY EXP (MM/DD/YYYY)		LIMIT	s	
Λ .	COMMERCIAL CENERAL LIABILITY		SIGGI 01951 211	0/1/201	21	0/1/2022			4	

LTR	R TYPE OF INSURANCE		TYPE OF INSURANCE INSD WVD POLICY NUMBER (MM/DD/YYYY) (MM/DD/YYYY)			LIMIT	LIMITS		
Α	1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
								MED EXP (Any one person)	\$ Excluded
								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	AUT	OMOBILE LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	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			SI8EX01724-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,000,000
	1	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$\$5,000,000
		DED RETENTION \$							\$
		KERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		N/A					E.L. EACH ACCIDENT	\$
	(Man	datory in NH)	III A					E.L. DISEASE - EA EMPLOYEE	\$
	If yes	, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Part	icipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000	

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

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CERTIFICATE HOLDER	CANCELLATION
St. Paul Lutheran School 495 Earhart Road Ann Arbor MI 48105	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)

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tilis certificate does flot confer	rights to the certificate holder in hed of s	ucii ellubi sellle	ການ(ອ).					
PRODUCER USI Insurance Serv	ices NW	CONTACT NAME:						
601 Union Street, S	uite 1000	PHONE (A/C, No, Ext): 206-441-6300 FAX (A/C, No):						
Seattle, WA 98101		E-MAIL ADDRESS:						
			INSURER(S) AFFORDING CO	VERAGE	NAIC#			
		INSURER A : Eve	10120					
INSURED		INSURER B: QBE Insurance Corporation						
Michigan State Youth Socc 9401 General Drive, Suite	er Association 120	INSURER C:						
Plymouth MI 48170	120	INSURER D :						
•		INSURER E :						
		INSURER F:						
COVERAGES	CERTIFICATE NUMBER: 63796603		REVIS	ION 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.

		ELIMITO OTTOWN WAT TIAVE BEEN				
TYPE OF INSURANCE	INSD WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
COMMERCIAL GENERAL LIABILITY		SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
CLAIMS-MADE ✓ OCCUR					PREMISES (Ea occurrence)	\$\$300,000
					MED EXP (Any one person)	\$ Excluded
					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		SI8GL01851-211	9/1/2021	9/1/2022	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		SI8EX01724-211	9/1/2021	9/1/2022	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	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	\$
Participant Accident Medical		UBH000005	9/1/2021	9/1/2022	\$100,000	
	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY CLAIMS-MADE CCAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCY PRODUCY PRODUCY OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY AUTOS ONLY AUTOS ONLY UMBRELLA LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	TYPE OF INSURANCE TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- POLICY JECT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY WORKERS COMPENSATION \$ WORKERS COMPENSATION ANY PROPRIETOR/PARTNER/EXECUTIVE OMNED DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OMNETOR OCCUR CLAIMS-MADE V/N OCCUR CLAIMS-MADE N/A WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OMNIC Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY CLAIMS-MADE COUNTER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPOPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER REXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	TYPE OF INSURANCE ADDL SUBR POLICY NUMBER POLICY STATE COMMERCIAL GENERAL LIABILITY SI8GL01851-211 9/1/2021 CLAIMS-MADE	TYPE OF INSURANCE INSU WVD POLICY NUMBER (MM/DD)YYYY) COMMERCIAL GENERAL LIABILITY CLAIMS-MADE COCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROPORTION AUTO OWNED AUTOS ONLY AUTOS ON	TYPE OF INSURANCE ADDL SURP POLICY NUMBER POLICY EFF (MM/DD/YYY) (MM/DD/YYY) MM/DD/YYY) LIMIT COMMERCIAL GENERAL LIABILITY CALAIMS-MADE OCCUR CLAIMS-MADE OCCUR CALAIMS-MADE OCCUR CLAIMS-MADE OCCUR CALAIMS-MADE OCCUR

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 & Michigan Youth Soccer League 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 42681 HAYES ROAD STERLING HEIGHTS MI 48313	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) 9/9/2021

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.

							rms and conditions of the				require an endorsement	. A st	atement on
_				e Services N				CONTA NAME:		,			
		601 Union	St	reet, Suite 10				PHONE (A/C, No	Evt).	206-441-6300	FAX (A/C, No):		
		Seattle, W	Α 9	98101				E-MAIL ADDRE	SS.		(F30, NO).		
								ADDICE		SURFR(S) AFFOR	RDING COVERAGE		NAIC#
								INSLIDE		. ,	rance Company		10120
INSL	JRED								RB: QBE Ins		' '		39217
M	lichi	igan State Yo	outh	Soccer Ass	ocia	tion		INSURE		sarance corp	oration		00217
		General Dri		Suite 120				INSURE					
「	іупп	outh MI 481	70					INSURE					
COVERAGES CERTIFICATE NUMBER: 63796604					INSURE	KF:		REVISION NUMBER:					
			THA				RANCE LISTED BELOW HA	VF BFF	N ISSUED TO			HE POL	ICY PERIOD
IN	IDICA	ATED. NOTWIT	HST	ANDING ANY RE	QUIF	REME	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN	Y CONTRACT	OR OTHER I	DOCUMENT WITH RESPEC	CT TO	WHICH THIS
E.	XCLL				POLI	CIES.	LIMITS SHOWN MAY HAVE		REDUCED BY	PAID CLAIMS.			, , ,
INSR LTR		TYPE OF II	NSUF	RANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	s	
Α	1	COMMERCIAL GE	NER	AL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,00	00,000
		CLAIMS-MAD	e [✓ OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300	
			_								MED EXP (Any one person)	\$ Exclu	<i></i>
											PERSONAL & ADV INJURY	\$\$1,000,000	
	GEN	N'L AGGREGATE LIN	MIT A	APPLIES PER:							GENERAL AGGREGATE	\$\$5,00	00,000
		POLICY PR	:O- CT	LOC							PRODUCTS - COMP/OP AGG	\$\$1,00	00.000
		OTHER:	· .								Participant Legal Liabi	\$\$1,00	· ·
Α	AUT	OMOBILE LIABILIT	Υ				SI8GL01851-211		9/1/2021	9/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,00	•
	ANY AUTO						BODILY INJURY (Per person)	\$					
		OWNED AUTOS ONLY		SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
	/	HIRED AUTOS ONLY		NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
		AUTOS ONET		AUTOS ONET							(i ci dooident)	\$	
		UMBRELLA LIAB		✓ OCCUR			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5.00	00.000
	1	EXCESS LIAB	Ī	CLAIMS-MADE							AGGREGATE	\$\$5,00	
		DED RETE	NTIC	ON \$								\$,
		RKERS COMPENSA	TION								PER OTH- STATUTE ER	•	
	ANY	EMPLOYERS' LIAB PROPRIETOR/PART	NER/	EXECUTIVE TO N							E.L. EACH ACCIDENT	\$	
	OFFI (Mar	ICER/MEMBEREXCL	.UDE	D?	N/A						E.L. DISEASE - EA EMPLOYEE	-	
	If ves	s, describe under CRIPTION OF OPEF	RATIO	ONS below							E.L. DISEASE - POLICY LIMIT		
В		ticipant Acciden					UBH000005		9/1/2021	9/1/2022	\$100,000	•	
DES	CRIPT	ION OF OPERATION	NS/I	LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requir	ed)		
 		utificata ia iaawa	.ما م	a babalf of Mich	:	Ctoto	Vouth Copper Appointing	0 Mich	iaan Vauth Ca				
							Youth Soccer Association e operations of the Named						
							es when required by writter						
CF	RTIF	ICATE HOLD	FR					CANO	CELLATION				
_ <u></u>													
_	. D	otoro I. de sus									ESCRIBED POLICIES BE CA		
8	i. ۲6 705	eters Luthera 5 Gratiot Ro	ลป สก								EREOF, NOTICE WILL B Y PROVISIONS.	BE DEI	LIVERED IN
		mond MI 480		2				^	CUDANCE WI	III INE POLIC	T I KOVISIONS.		
THOMHOMA IVII TOUGE					AUTHORIZED REPRESENTATIVE								

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Gary D. Putterson



DATE (MM/DD/YYYY) 9/9/2021

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

	UBROGATION IS WAIVED, subject certificate does not confer rights	to th	ne tei	rms and conditions of th	e polic uch end	cy, certain po dorsement(s	olicies may	•	rsement.	A sta	atement on
PRODU	ICER USI Insurance Services N	W			CONTA NAME:	СТ					
	601 Union Street, Suite 10	PHONE (A/C, No		206-441-6300)	FAX (A/C, No):					
	Seattle, WA 98101	E-MAIL ADDRE	SS:								
						INS	SURER(S) AFFOR	DING COVERAGE			NAIC #
					INSURE	RA: Everest	National Insu	rance Company			10120
INSURI					INSURE	RB: QBE Ins	surance Corp	oration			39217
Mic	chigan State Youth Soccer Ass 01 General Drive, Suite 120	ociat	ion		INSURE	RC:					
Plv	mouth MI 48170				INSURER D:						
,					INSURER E :						
					INSURE	RF:					
COV	ERAGES CEF	RTIFIC	CATE	NUMBER: 63796605				REVISION NUM	IBER:		
	S IS TO CERTIFY THAT THE POLICIES										
	ICATED. NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR MAY										
	CLUSIONS AND CONDITIONS OF SUCH									,,	,
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	3	
Α ,	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	_	9/1/2021	9/1/2022	EACH OCCURRENC		\$\$1,00	00,000
	CLAIMS-MADE ✓ OCCUR							DAMAGE TO RENTE PREMISES (Ea occu		\$\$300	,000
								MED EXP (Any one)	person)	\$ Exclu	ıded

\$\$1,000,000 PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$\$5,000,000 PRO-JECT LOC POLICY PRODUCTS - COMP/OP AGG \$\$1,000,000 OTHER: Participant Legal Liabi \$\$1,000,000 COMBINED SINGLE LIMIT (Ea accident) Α **AUTOMOBILE LIABILITY** SI8GL01851-211 9/1/2021 9/1/2022 \$\$1,000,000 ANY AUTO BODILY INJURY (Per person) OWNED AUTOS ONLY HIRED SCHEDULED AUTOS NON-OWNED BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTOS ONLY **AUTOS ONLY** UMBRELLA LIAB SI8EX01724-211 9/1/2021 9/1/2022 / OCCUR EACH OCCURRENCE \$\$5,000,000 **EXCESS LIAB** CLAIMS-MADE AGGREGATE \$\$5,000,000 DED RETENTION \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? 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 UBH000005 9/1/2021 9/1/2022 Participant Accident Medical \$100,000

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 & Michigan Youth Soccer League 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. Peters Lutheran Church 52941 Romeo Plank Rd. Macomb MI 48042	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) 9/9/2021

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

		BROGATION IS WAIVED, subject ertificate does not confer rights t							require an endorsement	. A st	atement on	
_		ER USI Insurance Services N		0011	inoute notaer in nea or or	CONTACT						
		601 Union Street, Suite 10				PHONE PHONE FAX						
		Seattle, WA 98101				(A/C, No, Ext): 206-441-6300 (A/C, No):						
						ADDRESS:					NAIC#	
											10120	
INSU	IRED							surance Corp	• •		39217	
ΙN	lichi	igan State Youth Soccer Ass	ociat	ion		INSURE		surance corp	Oralion		39217	
9	9401 General Drive, Suite 120											
	ıym	outh MI 48170				INSURE						
COVERAGES CERTIFICATE NUMBER: 63796606						INSURE	KF:		REVISION NUMBER:			
		S TO CERTIFY THAT THE POLICIES				VF BFF	N ISSUED TO) THE INSURE		IF POI	ICY PERIOD	
١١	IDICA	ATED. NOTWITHSTANDING ANY RE	QUIR	REME	NT, TERM OR CONDITION	OF AN'	Y CONTRACT	OR OTHER	DOCUMENT WITH RESPEC	TO T	WHICH THIS	
		IFICATE MAY BE ISSUED OR MAY JSIONS AND CONDITIONS OF SUCH								ALL 7	THE TERMS,	
INSR	_		ADDL	SUBR		DLLINI	POLICY EFF	POLICY EXP				
LTR A	,	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER SI8GL01851-211		(MM/DD/YYYY) 9/1/2021	(MM/DD/YYYY) 9/1/2022	LIMITS		20.000	
^	/				0.00001001-211		0/ 1/202 I	01112022	EACH OCCURRENCE DAMAGE TO RENTED		00,000	
		CLAIMS-MADE OCCUR							, , , , , , , , , , , , , , , , , , , ,	\$\$300	<i>'</i>	
									MED EXP (Any one person)	\$ Excluded		
		l							PERSONAL & ADV INJURY		00,000	
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE		00,000		
		POLICY JECT LOC								\$\$1,00	,	
A	OTHER: AUTOMOBILE LIABILITY SI8GL01851-211				9/1/2021	9/1/2022	COMPINED CINICI E LIMIT	\$\$1,00				
^	A AUTOMOBILE LIABILITY SI8GL01851-211				9/1/2021	9/1/2022	(======================================	\$\$1,00 \$	00,000			
		OWNED SCHEDULED								\$		
	<u> </u>	AUTOS ONLY AUTOS NON-OWNED						PROPERTY DAMAGE	\$			
	/	AUTOS ONLY							(Per accident)	\$		
		UMBRELLA LIAB / OCCUP			SI8EX01724-211		9/1/2021	9/1/2022		-		
	/	- OCCUR			310EAU1/24-211		9/1/2021	9/1/2022	EACH OCCURRENCE		00,000	
		CLAIWS-WADE							AGGREGATE		00,000	
	WOF	DED RETENTION \$ RKERS COMPENSATION							PER OTH- STATUTE ER	\$		
	AND	EMPLOYERS' LIABILITY Y / N										
	OFF	PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
	If ves	ndatory in NH) s, describe under							E.L. DISEASE - EA EMPLOYEE			
В	_	CRIPTION OF OPERATIONS below ticipant Accident Medical			UBH000005		9/1/2021	9/1/2022	\$100,000	\$		
	ı aı	noipant Accident Medical			ODI 1000003		3/1/2021	JI II ZOZZ	ψ100,000			
DES	CDIDT	TION OF OPERATIONS / LOCATIONS / VEHIC	EC /A	COBE	101 Additional Bamarka Sahadu	la may h	a attached if man	o anaga ia raguir	od)			
"	OKIF I	TION OF OPERATIONS / LOCATIONS / VEHIC	LLS (A	CORL	7 101, Additional Remarks Schedu	ie, iliay D	e attached il moi	e space is requir	euj			
		ertificate is issued on behalf of Mich										
		ate holder is Additional Insured as restate association. Waiver of Subrog						ied activities				
		9		•	, ,							
<u></u>												
<u>CE</u>	CERTIFICATE HOLDER						ELLATION					
_						SHO	ULD ANY OF	THE ABOVE D	ESCRIBED POLICIES BE CA	NCELL	ED BEFORE	
		eters Lutheran Church				THE	EXPIRATIO	N DATE TH	EREOF, NOTICE WILL B			
3 F	37601 31 Mile Rd. Richmond MI 48062						ACCORDANCE WITH THE POLICY PROVISIONS.					

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Gary D. Putterson

AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY)

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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 lieu of such endorsement(s).								
PRODUCER USI Insurance Services NW	CONTACT NAME:							
601 Union Street, Suite 1000	PHONE (A/C, No. Ext): 206-441-6300 (A/C, No):							
Seattle, WA 98101	E-MAIL ADDRESS:							
	INSURER(S) AFFORDING COVERAGE	NAIC#						
	INSURER A: Everest National Insurance Company	10120						
INSURED	INSURER B: QBE Insurance Corporation 39217							
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:							
Plymouth MI 48170	INSURER D:							
,	INSURER E :							
	INSURER F:							
COVERAGES CERTIFICATE NUMBER: 63796607	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. POLICY EFF POLICY EXP (MM/DD/YYYY) ADDL SUBR TYPE OF INSURANCE POLICY NUMBER LIMITS LTR INSD WVD **COMMERCIAL GENERAL LIABILITY** Α SI8GL01851-211 9/1/2021 9/1/2022 EACH OCCURRENCE DAMAGE TO RENTED \$\$1,000,000 CLAIMS-MADE ✓ OCCUR \$\$300,000 PREMISES (Ea occurrence) MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$\$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$\$5,000,000 PRO-JECT POLICY LOC PRODUCTS - COMP/OP AGG \$\$1,000,000 \$\$1,000,000 OTHER: Participant Legal Liabi COMBINED SINGLE LIMIT (Ea accident) Α **AUTOMOBILE LIABILITY** SI8GL01851-211 9/1/2021 9/1/2022 \$\$1,000,000 ANY AUTO BODILY INJURY (Per person) SCHEDULED AUTOS NON-OWNED OWNED AUTOS ONLY HIRED BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTOS ONLY **AUTOS ONLY** UMBRELLA LIAB SI8EX01724-211 9/1/2021 9/1/2022 / OCCUR EACH OCCURRENCE \$\$5,000,000 **EXCESS LIAB CLAIMS-MADE AGGREGATE** \$\$5,000,000 DED RETENTION \$ WORKERS COMPENSATION STATUTE

9/1/2021

9/1/2022

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

UBH000005

N/A

This certificate is issued on behalf of Michigan State Youth Soccer Association & Michigan Youth Soccer League 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 Jaycee Park 13 Mile (one block East of Crooks) Royal Oak MI 48068	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

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E.L. EACH ACCIDENT

\$100,000

E.L. DISEASE - EA EMPLOYEE

E.L. DISEASE - POLICY LIMIT

\$

\$

AND EMPLOYERS' LIABILITY

ANYPROPRIETOR/PARTNER/EXECUTIVE
OFFICER/MEMBER EXCLUDED?

If yes, describe under DESCRIPTION OF OPERATIONS below

Participant Accident Medical

(Mandatory in NH)



DATE (MM/DD/YYYY) 9/9/2021

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

	UBROGATION IS WAIVED, subject certificate does not confer rights to							require an endorsem	ent. A s	tatement on		
	PRODUCER USI Insurance Services NW						CONTACT NAME:					
	601 Union Street, Suite 10			PHONE (A/C, No	o, Ext):	206-441-6300	FAX (A/C, N	lo):				
	Seattle, WA 98101				E-MAIL ADDRE	SS:						
					INS	SURER(S) AFFOR	RDING COVERAGE		NAIC#			
					INSURE	RA: Everest	National Insu	ırance Company		10120		
INSUR		!			INSURE	RB: QBE Ins	surance Corp	oration		39217		
IVIII Q4	chigan State Youth Soccer Asso D1 General Drive, Suite 120	ocia	lion		INSURER C:							
PI	mouth MI 48170				INSURER D:							
,					INSURER E :							
					INSURER F:							
COV	ERAGES CER	TIFIC	CATE	NUMBER: 63796608				REVISION NUMBER	:			
IND CEI	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		DELIVI	POLICY EFF	POLICY EXP		IMITS			
A A	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE		00,000		
	CLAIMS-MADE / OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,0			

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Α	/	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
								MED EXP (Any one person)	\$ Excluded
								PERSONAL & ADV INJURY	\$\$1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$\$5,000,000
		POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$\$1,000,000
		OTHER:						Participant Legal Liabi	\$\$1,000,000
Α	AU1	TOMOBILE LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	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			SI8EX01724-211	9/1/2021	9/1/2022	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)	117.7					E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Par	ticipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000	

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 & Michigan Youth Soccer League 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
STEENLAND ELEMENTARY 16335 CHURCH ROSEVILLE MI 48066	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 confer rights to the certificate holder in lieu of such endorsement(s).								
PRODUCER USI Insurance Services NW								
601 Union Street, Suite 1000	PHONE (A/C, No, Ext): 206-441-6300 FAX (A/C, No):							
Seattle, WA 98101	E-MAIL ADDRESS:							
	INSURER(S) AFFORDING COVERAGE	NAIC#						
	INSURER A: Everest National Insurance Company	10120						
INSURED A	INSURER B: QBE Insurance Corporation 39217							
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:							
Plymouth MI 48170	INSURER D:							
,	INSURER E :							
	INSURER F:							
COVERAGES CERTIFICATE NUMBER: 63796609	REVISION NUMBER:							
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA	VE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POL	ICY PERIOD						
INDICATED. NOTWITHSTANDING ANY REQUIREMENT. TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS								

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EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. POLICY EFF POLICY EXP (MM/DD/YYYY) INSR LTR ADDL SUBR TYPE OF INSURANCE POLICY NUMBER LIMITS INSD WVD **COMMERCIAL GENERAL LIABILITY** Α SI8GL01851-211 9/1/2021 9/1/2022 EACH OCCURRENCE DAMAGE TO RENTED \$\$1,000,000 CLAIMS-MADE / OCCUR \$\$300,000 PREMISES (Ea occurrence) MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$\$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$\$5,000,000 PRO-JECT POLICY LOC PRODUCTS - COMP/OP AGG \$\$1,000,000 \$\$1,000,000 OTHER: Participant Legal Liabi COMBINED SINGLE LIMIT (Ea accident) Α **AUTOMOBILE LIABILITY** SI8GL01851-211 9/1/2021 9/1/2022 \$\$1,000,000 ANY AUTO BODILY INJURY (Per person) SCHEDULED AUTOS NON-OWNED OWNED AUTOS ONLY HIRED **BODILY INJURY (Per accident)** \$ PROPERTY DAMAGE (Per accident) \$ AUTOS ONLY **AUTOS ONLY** UMBRELLA LIAB SI8EX01724-211 9/1/2021 9/1/2022 / OCCUR EACH OCCURRENCE \$\$5,000,000 **EXCESS LIAB CLAIMS-MADE AGGREGATE** \$\$5,000,000 DED RETENTION \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? 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 UBH000005 9/1/2021 9/1/2022 Participant Accident Medical \$100,000

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 & Michigan Youth Soccer League 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
Sterling Heights (Warren Consolidated School) 12901 15 Mile Rd Sterling Heights MI 48312	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) 9/9/2021

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.

PRODUCE USI Insurance Services NW 60 1Union Street, Suite 1000 Seattle, WA 98101 **REALISE SERVICES SUITE 1000 Seattle, WA 98101 **REALISE SERVICES SUITE 1000 **REALISE SUITE 1000	If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).									atement on	
Seattle, WA 98101 ### 206-441-6300 ### 206-441-6	<u> </u>							., <u>,</u>			
Seattle, WA 98101 Seattle, WA 98101						PHONE		206 441 6200			
NALE PARTIES A FORMS COVERAGE NEUBER 3: Evered National Insurance Corporation NEUBER 5: OBE Insurance Corporation NEUBER 6: INSURER 6: OBE Insurance Corporation NEUBER 6: INSURER		Seattle, WA 98101				F-MAII	, =/-	200-44 1-0300	(A/C, No):		
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MINUMER 8: QBE Insurance Corporation 39217						INCLIDE					
Michigan State Youth Socoer Association 9401 General Drive, Suite 120 Plymouth MI 48170 **Majurer 5:*** **Majurer 6:*** **Maj	INSU	RED									
MISURER D MISU	Michigan State Youth Soccer Association							surance corp	oration		39217
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Rochester Hills MI 48306		75 E Tienker ochester Hills MI 48306				ACC	ORDANCE W	TH THE POLIC	Y PROVISIONS.		

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Gary D. Putterson

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 nolicy/ies) must have ADDITIONAL INSURED provisions or be endorsed

If SU	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).									
PRODUC	ER USI Insurance Services N 601 Union Street, Suite 10 Seattle, WA 98101		PHONE (A/C, No E-MAIL ADDRES	o, Ext): 2	206-441-6300	FAX (A/C, No):				
				7,22,1,2,		SURER(S) AFFOR	RDING COVERAGE		NAIC#	
				INSURE	RA: Everest	National Insu	rance Company		10120	
INSURED				INSURE	кв: QBE Ins	surance Corp	oration		39217	
Michigan State Youth Soccer Association 9401 General Drive, Suite 120					RC:					
Plymouth MI 48170				INSURER D:						
-				INSURER E :						
				INSURE	RF:					
COVE	RAGES CER	RTIFICATE	NUMBER: 63796611				REVISION NUMBER:			
INDIC	IS TO CERTIFY THAT THE POLICIES CATED. NOTWITHSTANDING ANY RE	EQUIREME	NT, TERM OR CONDITION	OF ANY	CONTRACT	OR OTHER I	DOCUMENT WITH RESPEC	CT TO V	WHICH THIS	
	TIFICATE MAY BE ISSUED OR MAY USIONS AND CONDITIONS OF SUCH							O ALL T	HE TERMS,	
INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
Α 🗸	COMMERCIAL GENERAL LIABILITY		SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,00	00,000	
	CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300	,000	
							MED EXP (Any one person)	\$ Exclu	ıded	
							DEDCOMAL & ADVINUIDA	e 01 00	10 000 l	

PERSONAL & ADV INJURY \$\$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$\$5,000,000 PRO-JECT POLICY PRODUCTS - COMP/OP AGG \$\$1,000,000 OTHER: Participant Legal Liabi \$\$1,000,000 COMBINED SINGLE LIMIT (Ea accident) Α **AUTOMOBILE LIABILITY** SI8GL01851-211 9/1/2021 9/1/2022 \$\$1,000,000 ANY AUTO BODILY INJURY (Per person) OWNED AUTOS ONLY HIRED SCHEDULED AUTOS NON-OWNED BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTOS ONLY **AUTOS ONLY** UMBRELLA LIAB SI8EX01724-211 9/1/2021 9/1/2022 1 OCCUR EACH OCCURRENCE \$\$5,000,000 **EXCESS LIAB** CLAIMS-MADE AGGREGATE \$\$5,000,000 DED RETENTION \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? 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 UBH000005 9/1/2021 9/1/2022 Participant Accident Medical \$100,000

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 & Michigan Youth Soccer League 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 ###################################
Summit Sports and Ice Complex 9410 Davis Hwy Dimondale MI 48821	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) 9/9/2021

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If	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).											
PROI	DUCER USI Insurance Services N	W			CONTA NAME:	СТ						
	601 Union Street, Suite 10	PHONE (A/C, No	o, Ext):	206-441-6300	FAX (A/C, No):							
	Seattle, WA 98101				E-MAIL ADDRE	SS:						
						INS	URER(S) AFFOR	RDING COVERAGE		NAIC#		
					INSURE	INSURER A: Everest National Insurance Company 10120				10120		
INSU		a ai a ti			INSURE	кв: QBE Ins	surance Corp	oration		39217		
94	ichigan State Youth Soccer Asso 101 General Drive, Suite 120	ocialio	OH		INSURE	RC:						
P	ymouth MI 48170				INSURE	RD:						
					INSURE	NSURER E :						
					INSURE	RF:						
				NUMBER: 63796612				REVISION NUMBER:				
IN CI	IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I CLUSIONS AND CONDITIONS OF SUCH	QUIRE PERTA POLICI	MEI IN, IES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN'	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPEC	CT TO	WHICH THIS		
INSR LTR	TYPE OF INSURANCE	ADDL S INSD V	UBR NVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s			
Α	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,00	00,000		
	CLAIMS-MADE ✓ OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300	,000		
								MED EXP (Any one person)	\$ Exclu	ıded		
								PERSONAL & ADV INJURY	\$\$1,00	00,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$\$5,00	00,000		
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$\$1,00	00,000		
	OTHER:							Participant Legal Liabi	\$\$1,00	00,000		
Α	AUTOMOBILE LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,00	00,000		
	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)	\$			
									\$			

9/1/2021

9/1/2021

9/1/2022

9/1/2022

EACH OCCURRENCE

STATUTE

E.L. EACH ACCIDENT

E.L. DISEASE - EA EMPLOYEE

E.L. DISEASE - POLICY LIMIT

AGGREGATE

\$100,000

\$\$5,000,000

\$\$5,000,000

\$

\$

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

UBH000005

SI8EX01724-211

This certificate is issued on behalf of Michigan State Youth Soccer Association & Michigan Youth Soccer League 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
Switzer Elementary School 53200 Shelby Road Shelby Township MI 48316	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
	dary ratiosom

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UMBRELLA LIAB

WORKERS COMPENSATION

AND EMPLOYERS' LIABILITY
ANYPROPRIETOR/PARTNER/EXECUTIVE
OFFICER/MEMBEREXCLUDED?

If yes, describe under DESCRIPTION OF OPERATIONS below

Participant Accident Medical

RETENTION \$

EXCESS LIAB

DED

(Mandatory in NH)

OCCUR

CLAIMS-MADE

N/A



DATE (MM/DD/YYYY) 9/9/2021

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

	SUBROGATION IS WAIVED, subject is certificate does not confer rights							require an endorsement.	A sta	itement on
_	DUCER USI Insurance Services N				CONTACT NAME:					
	601 Union Street, Suite 10				PHONE (A/C, No	Eut).	206-441-6300) FAX (A/C, No):		
	Seattle, WA 98101				E-MAIL ADDRE	.,		(A.O., NO).		
					ADDIL		SUPERIS) AFFOR	RDING COVERAGE		NAIC#
					INCLIDE			rance Company		10120
INSU	RED					RB: QBE Ins				39217
Michigan State Youth Soccer Association					INSURE		surance Corp	oration		39217
9401 General Drive, Suite 120 Plymouth MI 48170										
Г	ymouth wir 46170				INSURE					
CO	VERAGES CEF	TIFIC	^ A T E	NUMBER: 63796613	REVISION NUMBER:					
	IIS IS TO CERTIFY THAT THE POLICIES				/E BEE	N ISSUED TO	THE INSURE		E POLI	CY PERIOD
IN	DICATED. NOTWITHSTANDING ANY R	EQUIF	REME	NT, TERM OR CONDITION	OF AN'	Y CONTRACT	OR OTHER	DOCUMENT WITH RESPECT	т то и	VHICH THIS
	ERTIFICATE MAY BE ISSUED OR MAY (CLUSIONS AND CONDITIONS OF SUCH								ALL T	HE TERMS,
INSR		ADDL	SUBR		DELINI	POLICY EFF	POLICY EXP			
LTR A	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER SI8GL01851-211		(MM/DD/YYYY) 9/1/2021	(MM/DD/YYYY) 9/1/2022	LIMITS		0.000
				GIOGLO1031 Z11		3/1/2021	3/1/2022	DAMAGE TO RENTED	\$1,00	,
	CLAIMS-MADE 🗸 OCCUR								\$300,	
									\$ Excluded	
								\$\$1,000,000 \$\$5,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							+ · · · ·		
	POLICY PRO- JECT LOC							\$\$1,000,000 \$\$1,000,000		
Α	OTHER: AUTOMOBILE LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	COMPINED ONIOLE LIMIT		-
^	ANY AUTO			310GL01031-211		9/1/2021	9/1/2022		\$1,00	0,000
	OWNED SCHEDULED						\ , , , ,			
	AUTOS ONLY AUTOS NON-OWNED							BROBERTY/BANAGE		
	AUTOS ONLY AUTOS ONLY							(Per accident)		
	IMPRELLATION			SI8EX01724-211		9/1/2021	9/1/2022	\$		
	UMBRELLA LIAB OCCUR			SIDEXU1/24-211		9/1/2021	9/1/2022		\$5,00	,
	✓ EXCESS LIAB CLAIMS-MADE	-							\$5,00	0,000
	DED RETENTION \$ WORKERS COMPENSATION							PER OTH-	5	
	AND EMPLOYERS' LIABILITY Y / N							PER OTH- STATUTE ER		
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT \$		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE \$		
В	DÉSCRIPTION OF OPERATIONS below Participant Accident Medical			UBH000005		9/1/2021	9/1/2022	E.L. DISEASE - POLICY LIMIT \$ \$ 100,000	8	
	Tarticipant Accident Medical			ODI 1000003		3/1/2021	3/1/2022	\$100,000		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	1.50 //	CODD	404 Additional Barranta Cabadu			!!	- 41\		
DES	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (F	ACORD	101, Additional Remarks Schedu	e, may b	e attacheu ii ilior	e space is requir	eu)		
	s certificate is issued on behalf of Mich									
	rtificate holder is Additional Insured as he state association. Waiver of Subrog						ed activities			
	~		• •	' '						
	TIFICATE USI DES				04316	SELLATION:				
CE	RTIFICATE HOLDER				CANC	ELLATION				
	ne New Rink				THE	EXPIRATION	N DATE TH	ESCRIBED POLICIES BE CAN EREOF, NOTICE WILL BE		
50 S	50625 Van Dyke Ave Shelby Twp MI 48317				ACCORDANCE WITH THE POLICY PROVISIONS.					

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Gary D. Putterson

AUTHORIZED REPRESENTATIVE



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this certificate does not confer rights to the certificate h	nolder in lieu of such endorsement(s).							
PRODUCER USI Insurance Services NW	CONTACT NAME:	AME:						
601 Union Street, Suite 1000	PHONE (A/C, No, Ext): 206-441-6300 (A/C, No):							
Seattle, WA 98101	E-MAIL ADDRESS:							
	INSURER(S) AFFORDING COVERAGE	NAIC#						
	INSURER A: Everest National Insurance Company	10120						
INSURED	INSURER B: QBE Insurance Corporation	39217						
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:	INSURER C:						
Plymouth MI 48170	INSURER D :							
	INSURER E:							
	INSURER F:							
COVERAGES CERTIFICATE NUME	BER: 63796614 REVISION NUMBER:							
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE L	LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLI	CY PERIOD						
INDICATED NOTWITHSTANDING ANY REQUIREMENT TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS								

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		TYPE OF INSURANCE	ADDL SU	JBR IVD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
Α	1	COMMERCIAL GENERAL LIABILITY		SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000		
		CLAIMS-MADE ✓ OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000		
							ED EXP (Any one person) \$ Excluded			
							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		SI8GL01851-211	9/1/2021	9/1/2022	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		SI8EX01724-211	9/1/2021	9/1/2022	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 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	Part	ticipant Accident Medical		UBH000005	9/1/2021	9/1/2022	\$100,000			

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

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CERTIFICATE HOLDER	CANCELLATION
The Sports Academy Outdoor Field 52029 SIERRA DRIVE Chesterfield Township MI 48047	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. Putterson
	Gary Patterson



DATE (MM/DD/YYYY) 9/9/2021

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If SUI	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).									
PRODUCE	R USI Insurance Services N 601 Union Street, Suite 1			CONTA NAME: PHONE		200 444 0000	FAX			
	Seattle, WA 98101			E-MAIL ADDRE	, = x.,.	206-441-6300	(A/C, No):			
					INS	URER(S) AFFOR	RDING COVERAGE		NAIC#	
				INSURER A: Everest National Insurance Company					10120	
INSURED	Otala W II. O A			INSURE	кв: QBE Ins	surance Corp	oration		39217	
Michigan State Youth Soccer Association 9401 General Drive, Suite 120					RC:					
Plymouth MI 48170				INSURER D:						
•				INSURER E :						
				INSURE	RF:					
COVER	RAGES CEF	RTIFICATE	NUMBER: 63796615				REVISION NUMBER:			
INDIC	IS TO CERTIFY THAT THE POLICIE: ATED. NOTWITHSTANDING ANY R IFICATE MAY BE ISSUED OR MAY	EQUIREME	NT, TERM OR CONDITION	OF AN'	Y CONTRACT	OR OTHER I	DOCUMENT WITH RESPEC	CT TO V	WHICH THIS	
	JSIONS AND CONDITIONS OF SUCH							J ALL I	HE TERIVIS,	
INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
Α 🗸	COMMERCIAL GENERAL LIABILITY		SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,00	0,000	
	CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300	,000	
							MED EXP (Any one person)	\$ Exclu	ded	

LIN	LIK		III	44 A D	I OLIOT NOMBER				
Α	1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
								MED EXP (Any one person)	\$ Excluded
								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			SI8GL01851-211	9/1/2021	9/1/2022	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			SI8EX01724-211	9/1/2021	9/1/2022	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)						E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Par	ticipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000	

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

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CERTIFICATE HOLDER	CANCELLATION
Total Soccer - Fraser 34300 Utica Rd. Fraser MI 48026	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
	dary ratiosoff



DATE (MM/DD/YYYY) 9/9/2021

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	SUBROGATION IS WAIVED, subject is certificate does not confer rights to							equire an endorsement.	A sta	atement on
	DUCER USI Insurance Services N		0011	moute noted in nea or se	CONTA		•			
	601 Union Street, Suite 10	nn nn			NAME: PHONE (A/C, No		000 444 0000	FAX		
	Seattle, WA 98101				E-MAIL	o, Ext): 4	<u>:06-441-6300</u>	(A/C, No):		
	·				E-MAIL ADDRESS:					
					INSURER(S) AFFORDING COVERAGE NAIC #					
								rance Company		10120
INSU	^{кер} lichigan State Youth Soccer Asso	ociat	ion		INSURE	RВ: QBE Ins	urance Corp	oration		39217
94	401 General Drive, Suite 120	Julai	1011		INSURE	RC:				
P	lymouth MI 48170				INSURE	RD:				
					INSURE	RE:				
					INSURE	RF:				
CO	VERAGES CER	TIFIC	CATE	NUMBER: 63796616				REVISION NUMBER:		
IN CI EX	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY FACLUSIONS AND CONDITIONS OF SUCH	QUIF PERT POLIC	REMEI AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF ANY	Y CONTRACT THE POLICIES REDUCED BY F	OR OTHER IS DESCRIBED PAID CLAIMS.	DOCUMENT WITH RESPEC	T TO \	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3	
Α	✓ COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,00	00,000
	CLAIMS-MADE ✓ OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300	,000
								MED EXP (Any one person)	\$ Exclu	ıded
								PERSONAL & ADV INJURY	\$\$1,00	00.000
	GEN'L AGGREGATE LIMIT APPLIES PER:								\$\$5,00	•
	POLICY PRO- JECT LOC								\$\$1,00	
	OTHER:								\$\$1,00	· ·
Α	AUTOMOBILE LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	COMPINED ONIOLE LIMIT	\$\$1,00	
	ANY AUTO								\$	70,000
	OWNED SCHEDULED							BODILY INJURY (Per accident)	\$	
	AUTOS ONLY AUTOS NON-OWNED NON-OWNED							PROPERTY DAMAGE	\$	
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
	UMBRELLA LIAB ✓ OCCUR			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5.00	00.000
	EXCESS LIAB CLAIMS-MADE								\$ \$5.00	· ·
	CLAINS-INADL									00,000
	DED RETENTION \$ WORKERS COMPENSATION							PER OTH- STATUTE ER	\$	
	AND EMPLOYERS' LIABILITY									
	OT TOET VINLENDER LEXOLOGIES.	N/A							\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE		
В	DÉSCRIPTION OF OPERATIONS below Participant Accident Medical			UBH000005		9/1/2021	9/1/2022	E.L. DISEASE - POLICY LIMIT \$100,000	\$	
ם	ranicipant Accident Medical			OBI 1000003		9/1/2021	9/1/2022	\$100,000		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	.ES (A	CORD	101, Additional Remarks Schedul	le, may be	attached if more	space is require	ed)		
Ce	s certificate is issued on behalf of Michi rtificate holder is Additional Insured as re the state association. Waiver of Subroga	espe	cts the	e operations of the Named	Insure	d for sanction	ccer League ed activities			
CEI	RTIFICATE HOLDER				CANC	ELLATION				
4	otal Soccer - Novi 1550 Grand River Ave ovi MI 48375				THE	EXPIRATION	DATE THE	ESCRIBED POLICIES BE CA REOF, NOTICE WILL B Y PROVISIONS.		-
					AUTHO	RIZED REPRESE	NTATIVE			

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Gary D. Putterson



DATE (MM/DD/YYYY) 9/9/2021

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.

	SUBROGATION IS WAIVED, subjects certificate does not confer rights.				•	require an endo	orsement. A st	atement on
PROD	UCER USI Insurance Services N	IW		CONTACT NAME:				
	601 Union Street, Suite 10			PHONE (A/C, No, Ext):	206-441-630	0	FAX (A/C, No):	
	Seattle, WA 98101			E-MAIL ADDRESS:				
					INSURER(S) AFFO	RDING COVERAGE		NAIC#
				INSURER A : Eve	rest National Ins	urance Company	,	10120
INSUR				INSURER B: QB	E Insurance Corp	ooration		39217
	chigan State Youth Soccer Ass 01 General Drive, Suite 120	sociation		INSURER C :				
ΡΙ	mouth MI 48170			INSURER D :				
				INSURER E :				
				INSURER F:				
COV	ERAGES CEF	RTIFICATI	E NUMBER: 63796617			REVISION NUI	MBER:	
	IS IS TO CERTIFY THAT THE POLICIES							
	DICATED. NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR MAY		,					
EX	CLUSIONS AND CONDITIONS OF SUCH	POLICIES.	LIMITS SHOWN MAY HAVE	BEEN REDUCED	BY PAID CLAIMS			,
INSR LTR	TYPE OF INSURANCE	ADDL SUBR		POLICY E	FF POLICY EXP (YY) (MM/DD/YYYY)		LIMITS	
LTR	I THE OF INSURANCE	INSD WVD	POLICY NUMBER	(MM/DD/Y	YYY) (MM/DD/YYYY)	1	LIMITS	

INSR LTR		TYPE OF INSURANCE	ADDL INSD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
Α	1	COMMERCIAL GENERAL LIABILITY		SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000	
		CLAIMS-MADE ✓ OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000	
					MED EXP (Any one pe		MED EXP (Any one person)	\$ Excluded	
							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	AUTOMOBILE LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000	
	ANY AUTO						BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	✓ HIRED AUTOS ONLY ✓ AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
								\$	
		UMBRELLA LIAB ✓ OCCUR		SI8EX01724-211	9/1/2021	9/1/2022	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	\$	
	OFFICER/MEMBEREXCLUDED? (Mandatory in NH)		,,,				E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
В	Part	ticipant Accident Medical		UBH000005	9/1/2021	9/1/2022	\$100,000		

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 & Michigan Youth Soccer League 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
Total Soccer - Royal Oak 1319 Lexington Blvd Royal Oak MI 48073	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 Fattorion



DATE (MM/DD/YYYY) 9/9/2021

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.

	SUBROGATION IS WAIVED, subject is certificate does not confer rights to							equire an endorsement	. A sta	atement on
	DUCER USI Insurance Services N				CONTAC					
	601 Union Street, Suite 10				NAME: PHONE		06 444 6000	FAX		
	Seattle, WA 98101				(A/C, No E-MAIL	,	06-441-6300	(A/C, No):		
					ADDRESS:					
					INSURER(S) AFFORDING COVERAGE NAIC					
INSU	DED.							rance Company		10120
M	ichigan State Youth Soccer Asso	ocia	tion			<mark>кв: QBE Ins</mark>	urance Corpo	oration		39217
9,	401 General Drive, Suite 120 lymouth MI 48170				INSURE					
Г	lymouth wir 48170				INSURE					
					INSURE					
CO	VERAGES CER	TIFIC	CATE	NUMBER: 63796618	IIIOOIIL			REVISION NUMBER:		
IN CI EX	IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I CCLUSIONS AND CONDITIONS OF SUCH	OF I	INSUF REMEI	RANCE LISTED BELOW HAV NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF ANY	CONTRACT THE POLICIES EDUCED BY F	OR OTHER DESCRIBED PAID CLAIMS.	OCUMENT WITH RESPEC	CT TO \	WHICH THIS
INSR LTR	TYPE OF INSURANCE		WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
Α	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE DAMAGE TO RENTED	\$\$1,00	00,000
	CLAIMS-MADE ✓ OCCUR							PREMISES (Ea occurrence)	\$\$300	<i></i>
								MED EXP (Any one person)	\$ Exclu	
								PERSONAL & ADV INJURY	\$\$1,00	,
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$\$5,00	,
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$\$1,00	
^	OTHER:			SI8GL01851-211		9/1/2021	9/1/2022	Participant Legal Liabi COMBINED SINGLE LIMIT	\$\$1,00	
A ANY AUTO				316GL01631-211		9/1/2021	9/1/2022	(Ea accident) BODILY INJURY (Per person)	\$\$1,00 \$	00,000
	ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per accident)	\$	
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE	\$	
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
	UMBRELLA LIAB / OCCUP			SI8EX01724-211		9/1/2021	9/1/2022	EAGU GOOURDENOS		20.000
	/ EXOCOLUAD			OIOEAOT7E4 ETT		0/1/2021	OTTEOLE	EACH OCCURRENCE	\$\$5,00	
	CLAIWO-WADL							AGGREGATE	\$\$5,00	00,000
	DED RETENTION \$ WORKERS COMPENSATION							PER OTH- STATUTE ER	\$	
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE							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	\$ \$	
В	Participant Accident Medical			UBH000005		9/1/2021	9/1/2022	\$100,000	Ψ	
	·									
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI	ES (A	ACORD	101, Additional Remarks Schedu	le, may be	attached if more	space is require	ed)		
Ce	This certificate is issued on behalf of Michigan State Youth Soccer Association & Michigan Youth Soccer League 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.									
CF	RTIFICATE HOLDER				CANO	ELLATION				
	THE HOLDEN				SAI10	LLATION				
30	otal Soccer - Wixom 1990 S Wixom Rd. Vixom MI 48393				THE	EXPIRATION	DATE THE	ESCRIBED POLICIES BE CA REOF, NOTICE WILL E Y PROVISIONS.		
					AUTHOR	RIZED REPRESEN	ITATIVE			

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Gary D. Putterson



DATE (MM/DD/YYYY) 9/9/2021

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed

	IBROGATION IS WAIVED, subject certificate does not confer rights to	to the te	rms and conditions of th	e polic	y, certain p	olicies may	•		
PRODUC	EER USI Insurance Services N 601 Union Street, Suite 10 Seattle, WA 98101	W 000		PHONE (A/C, No E-MAIL ADDRE	o, Ext): 2	206-441-6300	FAX (A/C	No):	
				7,22,1,2		SURER(S) AFFOR	RDING COVERAGE		NAIC#
				INSURE	RA: Everest	National Insu	rance Company		10120
INSURE		:		INSURE	кв: QBE Ins	surance Corp	oration		39217
940	nigan State Youth Soccer Ass 1 General Drive, Suite 120	ociation		INSURE	RC:				
Plyn	nouth MI 48170			INSURE	RD:				
-				INSURE	RE:				
				INSURE	RF:				
COVE	RAGES CER	TIFICATE	NUMBER: 63796619				REVISION NUMBE	R:	
INDIC	IS TO CERTIFY THAT THE POLICIES CATED. NOTWITHSTANDING ANY RE	EQUIREME	NT, TERM OR CONDITION	OF AN'	Y CONTRACT	OR OTHER I	DOCUMENT WITH RE	SPECT TO	WHICH THIS
	FIFICATE MAY BE ISSUED OR MAY LUSIONS AND CONDITIONS OF SUCH							T TO ALL	THE TERMS,
INSR LTR	TYPE OF INSURANCE	ADDL SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	
Α 🗸	COMMERCIAL GENERAL LIABILITY		SI8GL01851-211	•	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,00	00,000
	CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence	e) \$\$300	,000
							l		

LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
Α	1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
								MED EXP (Any one person)	\$ Excluded
								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			SI8GL01851-211	9/1/2021	9/1/2022	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							PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB ✓ OCCUR			SI8EX01724-211	9/1/2021	9/1/2022	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	\$
	OFFICER/MEMBEREXCLUDED? (Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$
В	Participant Accident Medical				UBH000005	9/1/2021	9/1/2022	\$100,000	

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 & Michigan Youth Soccer League 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
Total Soccer Complex 65665 Powell Washington Twp MI 48095	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
	dary ratterson



DATE (MM/DD/YYYY) 9/9/2021

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

	SUBROGATION IS WAIVED, subject is certificate does not confer rights to						require an endo	rsement	. A st	atement on	
	DUCER USI Insurance Services N			CONTAC NAME:		,					
	601 Union Street, Suite 10			PHONE	- F-4).	206-441-6300)	FAX (A/C, No):			
	Seattle, WA 98101			E-MAIL ADDRES	.,			(A/O, NO):			
				INSURER(S) AFFORDING COVERAGE NAIG							
				INSURE	RA: Everest	National Insu	ırance Company			10120	
INSU		oiotion		INSURE	RB: QBE Ins	surance Corp	oration			39217	
94	ichigan State Youth Soccer Asso 101 General Drive, Suite 120	Cialion		INSURE	RC:						
P	ymouth MI 48170			INSURE	RD:						
				INSURE	RE:						
	(50.4.050		- NUMBER	INSURE	RF:		DEVICION NUM	4DED			
	VERAGES CERTIFY THAT THE POLICIES		E NUMBER: 63796620	/F RFF	N ISSUED TO		REVISION NUM		-IE P∩I	ICV PERIOD	
IN CI	DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY F CCLUSIONS AND CONDITIONS OF SUCH F	QUIREME PERTAIN,	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN'	Y CONTRACT THE POLICIE	OR OTHER I	DOCUMENT WITH D HEREIN IS SU	H RESPEC	CT TO	WHICH THIS	
INSR LTR		ADDL SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s		
Α	✓ COMMERCIAL GENERAL LIABILITY		SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENG		\$\$1,00	00,000	
	CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENT PREMISES (Ea occi	ED urrence)	\$\$300	,000	
							MED EXP (Any one	person)	\$ Exclu	uded	
							PERSONAL & ADV	INJURY	\$\$1,00	00,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREC	SATE	\$\$5,00	00,000	
	POLICY PRO- LOC			PRODUCTS - COMP/OP AGG \$\$1,000						00,000	
<u> </u>	OTHER:			Participant Legal Liabi \$\$1,000							
Α	AUTOMOBILE LIABILITY	SI8GL01851-211		9/1/2021	9/1/2022	(Ea accident)		* /-	00,000		
	ANY AUTO OWNED SCHEDULED						BODILY INJURY (P		\$		
	AUTOS ONLY AUTOS NON-OWNED						BODILY INJURY (POPERTY DAMAGE	- 1	\$		
	AUTOS ONLY AUTOS ONLY						(Per accident)	,_	\$		
	UMBRELLA LIAB / OCCUP		SI8EX01724-211		9/1/2021	9/1/2022			\$		
	/ EVOTOD LUD		310LX01724-211		9/1/2021	9/1/2022	EACH OCCURRENCE	CE	· ,	00,000	
	CLAIIVIS-IVIADE						AGGREGATE			00,000	
	DED RETENTION \$ WORKERS COMPENSATION						PER STATUTE	OTH- ER	\$		
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE Y / N						E.L. EACH ACCIDE		\$		
	OFFICER/MEMBEREXCLUDED? (Mandatory in NH)	N/A					E.L. DISEASE - EA I				
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POL				
В	Participant Accident Medical		UBH000005		9/1/2021	9/1/2022	\$100,000	'			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (ACORD	101, Additional Remarks Schedu	le, may be	e attached if mor	e space is require	ed)				
Th	s certificate is issued on behalf of Michi	gan State	Youth Soccer Association	& Michi	gan Youth So	ccer League					
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.											
"	ne state association. Walver of Subroga	шоп арри	es when required by writter	COILLA	ici.						
<u></u>	STIEICATE HOLDER			CANG	YELL ATION						
CEI	RTIFICATE HOLDER CANCELLATION										

Total Soccer Park 65665 Powell Road Washington Twp MI 48095

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. Pitterson



DATE (MM/DD/YYYY) 9/9/2021

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the nolicy(les) must have ADDITIONAL INSURED provisions or be endorsed

If S	UBROGATION IS WAIVED, subjects certificate does not confer rights	t to the te	erms and conditions of th	e polic uch en	cy, certain po dorsement(s	olicies may	•			
PRODU	ICER USI Insurance Services N	W		CONTACT NAME:						
	601 Union Street, Suite 10	000		PHONE (A/C, No	o. Ext): 2	206-441-6300		AX A/C. No):		
	Seattle, WA 98101			E-MAIL ADDRESS:						
					INS	SURER(S) AFFOR	DING COVERAGE		NAIC#	
				INSURE	RA: Everest	National Insu	rance Company		10120	
INSURI				INSURE	кв: QBE Ins	surance Corp	oration		39217	
NII0	chigan State Youth Soccer Ass D1 General Drive, Suite 120	ociation		INSURE	RC:					
Ply	mouth MI 48170			INSURE						
,				INSURE	RE:					
				INSURE	RF:					
COV	ERAGES CEF	RTIFICATI	E NUMBER: 63796621				REVISION NUMI	BER:		
IND	S IS TO CERTIFY THAT THE POLICIES ICATED. NOTWITHSTANDING ANY R	EQUIREME	NT, TERM OR CONDITION	OF AN'	Y CONTRACT	OR OTHER I	DOCUMENT WITH	RESPECT	TO WHICH THIS	
	RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH							JECT TO A	ALL THE TERMS,	
INSR LTR	TYPE OF INSURANCE	ADDL SUBF			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS		
Α,	COMMERCIAL GENERAL LIABILITY		SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE		\$1,000,000	
	CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurr		\$300,000	
							MED EXP (Any one pe	erson) \$ I	Excluded	
							DEDOCALAL & ADVIAL	ILIDY 6.6	t1 000 000	

PERSONAL & ADV INJURY \$\$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$\$5,000,000 PRO-JECT LOC POLICY PRODUCTS - COMP/OP AGG \$\$1,000,000 OTHER: Participant Legal Liabi \$\$1,000,000 COMBINED SINGLE LIMIT (Ea accident) **AUTOMOBILE LIABILITY** SI8GL01851-211 9/1/2021 9/1/2022 \$\$1,000,000 ANY AUTO BODILY INJURY (Per person) OWNED AUTOS ONLY HIRED SCHEDULED AUTOS NON-OWNED BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTOS ONLY **AUTOS ONLY** UMBRELLA LIAB SI8EX01724-211 9/1/2021 9/1/2022 / OCCUR EACH OCCURRENCE \$\$5,000,000 **EXCESS LIAB** CLAIMS-MADE AGGREGATE \$\$5,000,000 DED RETENTION \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? 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 UBH000005 9/1/2021 9/1/2022 Participant Accident Medical \$100,000

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 & Michigan Youth Soccer League 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
Total Soccer Training Center 26083 Groesbeck Hwy Warren MI 48089	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
	dary Fatterson



DATE (MM/DD/YYYY) 9/9/2021

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.

	SUBROGATION IS WAIVED, subject is certificate does not confer rights				•	•	•	require an endo	orsement.	. A sta	tement on
_	<u> </u>		ceru	ilicate noider in lieu of st	CONTA).				
601 Union Street, Suite 1000						NAME: PHONE (A/C, No, Ext): 206-441-6300 FAX (A/C, No):					
	Seattle, WA 98101	E-MAIL ADDRE	, <u>=</u> x.,.			(, 2, 0, 1, 0).					
					INSURER(S) AFFORDING COVERAGE						NAIC#
					INSURE	RA: Everest	National Insu	rance Company			10120
INSU			•		INSURER B: QBE Insurance Corporation 39						39217
Michigan State Youth Soccer Association 9401 General Drive, Suite 120					INSURER C:						
P	ymouth MI 48170				INSURER D:						
,						INSURER E:					
					INSURE	RF:					
CO	/ERAGES CE	RTIFIC	CATE	NUMBER: 63796622				REVISION NUI	MBER:		
	IIS IS TO CERTIFY THAT THE POLICIEDICATED. NOTWITHSTANDING ANY F										
CE	RTIFICATE MAY BE ISSUED OR MAY	PERT	AIN, T	THE INSURANCE AFFORDS	ED BY	THE POLICIE	S DESCRIBE	D HEREIN IS SU			
	CLUSIONS AND CONDITIONS OF SUCH			LIMITS SHOWN MAY HAVE	BEEN F						
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	3	
Α	✓ COMMERCIAL GENERAL LIABILITY		,	SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENC	CF	s \$1 00	0.000

LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	s
Α	1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
								MED EXP (Any one person)	\$ Excluded
								PERSONAL & ADV INJURY	\$\$1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$\$5,000,000
		POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$\$1,000,000
		OTHER:						Participant Legal Liabi	\$\$1,000,000
Α	AUT	TOMOBILE LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	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			SI8EX01724-211	9/1/2021	9/1/2022	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 ICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Mar	ndatory in NH)	1177					E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Par	icipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000	

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 & Michigan Youth Soccer League 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
Township of Shelby (Ford Field) 52602 Van Dyke Shelby Township MI 48316	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 HOSPING DO NOT THE PROPERTY OF THE
1	Gary Patterson



DATE (MM/DD/YYYY) 9/9/2021

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If	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 USI Insurance Services NW							CONTACT NAME:						
601 Union Street, Suite 1000						PHONE (A/C, No	o. Ext):	206-441-6300	FAX (A/C, No):				
Seattle, WA 98101						E-MAIL ADDRESS:							
							INS	SURER(S) AFFOR	DING COVERAGE		NAIC#		
						INSURE	RA: Everest	National Insu	rance Company		10120		
INSU						INSURE	кв: QBE Ins	surance Corp	oration		39217		
M	ich	igan State Youth Soccer Asso General Drive, Suite 120	ociat	ion		INSURE	RC:						
P	vm	outh MI 48170				INSURE	RD:						
	,					INSURER E :							
						INSURER F:							
CO	/EF	AGES CER	TIFIC	ATE	NUMBER: 63796623				REVISION NUMBER:				
IN CE E)	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)	LIMITS				
Α	/	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,00	00,000		
	CLAIMS-MADE / OCCUR								DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000			
									MED EXP (Any one person)	\$ Excluded			
									PERSONAL & ADV INJURY	\$\$1,00	00,000		
	GEI	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$\$5,00	00,000		
		POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$\$1,00	00,000		
		OTHER:							Participant Legal Liabi	\$\$1,00	00,000		

COMBINED SINGLE LIMIT (Ea accident) SI8GL01851-211 9/1/2021 9/1/2022 **AUTOMOBILE LIABILITY** \$1,000,000 ANY AUTO BODILY INJURY (Per person) OWNED AUTOS ONLY HIRED SCHEDULED AUTOS NON-OWNED BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTOS ONLY **AUTOS ONLY** \$ UMBRELLA LIAB SI8EX01724-211 9/1/2021 9/1/2022 / OCCUR EACH OCCURRENCE \$\$5,000,000 **EXCESS LIAB** CLAIMS-MADE AGGREGATE \$\$5,000,000 DED RETENTION \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY

9/1/2021

9/1/2022

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

UBH000005

This certificate is issued on behalf of Michigan State Youth Soccer Association & Michigan Youth Soccer League 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.

N/A

CERTIFICATE HOLDER	CANCELLATION
Tri City Sports Complex 5117 Garfield Rd Auburn MI 48611	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
	dary ratiosoff

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E.L. EACH ACCIDENT

\$100,000

E.L. DISEASE - EA EMPLOYEE

E.L. DISEASE - POLICY LIMIT

\$

\$

ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED?

If yes, describe under DESCRIPTION OF OPERATIONS below

Participant Accident Medical

(Mandatory in NH)



DATE (MM/DD/YYYY) 9/9/2021

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		BROGATION IS WAIVED, subject ertificate does not confer rights t				the policy, certain policies may require an endorsement. A statement on such endorsement(s).						
_		R USI Insurance Services N				CONTACT NAME:						
601 Union Street, Suite 1000						PHONE FAX						
Seattle, WA 98101							SS:	<u> </u>) (A/C, No):			
								SURFR(S) AFFOR	RDING COVERAGE	NAIC#		
							INSURER(S) AFFORDING COVERAGE INSURER A: Everest National Insurance Company 10					
INSU	RED								' '	39217		
Michigan State Youth Soccer Association							INSURER B: QBE Insurance Corporation 3921 INSURER C:					
9401 General Drive, Suite 120 Plymouth MI 48170												
-	ıyııı	Outil Wil 46170				INSURER D : INSURER E :						
CO	/FR	RAGES CER	TIFIC	CATE	NUMBER: 63796624	INSURE	KF:		REVISION NUMBER:			
		S TO CERTIFY THAT THE POLICIES				VE BEE	N ISSUED TO			ICY PERIOD		
		ATED. NOTWITHSTANDING ANY RE										
		IFICATE MAY BE ISSUED OR MAY I JSIONS AND CONDITIONS OF SUCH								THE TERMS,		
INSR LTR				SUBR WVD			POLICY EFF	POLICY EXP	LIMITS			
A	/	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER SI8GL01851-211		(MM/DD/YYYY) 9/1/2021	9/1/2022		00.000		
``	_	CLAIMS-MADE ✓ OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$\$300	,		
		CLAINS-MADE V OCCUR							MED EXP (Any one person) \$ Excl	•		
										00,000		
	CEN	 N'L AGGREGATE LIMIT APPLIES PER:							1 7	00,000		
	GEI	PRO-								· ·		
										00,000		
A	AUT	OTHER: FOMOBILE LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	COMPINED ONIOLE LIMIT	00,000 00,000		
l ^`	7.0	ANY AUTO			ClodE01001 Z11		0/1/2021	OFTIZOLL	(Ea accident) \$1,0 BODILY INJURY (Per person) \$	00,000		
	OWNED SCHEDULED								BODILY INJURY (Per accident) \$			
		AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE			
	✓	AUTOS ONLY AUTOS ONLY							(Per accident) \$			
		UMBRELLA LIAB / OCCUP			SI8EX01724-211		9/1/2021	9/1/2022		00.000		
	1	EVOTOO LIAD			GIOLXO1724 Z11		3/1/2021	3/1/2022		00,000		
		CEATIVIS-IVIADE							. ,	00,000		
	WOF	DED RETENTION \$ RKERS COMPENSATION							PER OTH- STATUTE ER			
	AND	EMPLOYERS' LIABILITY Y / N										
	OFF	PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT \$			
	If ves	ndatory in NH) s, describe under							E.L. DISEASE - EA EMPLOYEE \$			
В	_	CRIPTION OF OPERATIONS below ticipant Accident Medical			UBH000005		9/1/2021	9/1/2022	E.L. DISEASE - POLICY LIMIT \$ \$100,000			
	41	noipant / tooldont iviodical			OBI 1000000		0/1/2021	OI II EOLL	100,000			
DES	יחוםי	TION OF OPERATIONS / LOCATIONS / VEHICL	E0 //	COBD	101 Additional Pamerka School	lo may b	o attached if man	o enaco la rec:-!-	nd)			
DES	VIVIE I	TION OF OPERATIONS / LOCATIONS / VEHICL	_L3 (×	CORD	7 TO 1, Additional Remarks Schedu	ie, iliay D	e attached il illor	e space is requir	eu)			
		ertificate is issued on behalf of Mich										
of t	rtific he s	ate holder is Additional Insured as r state association. Waiver of Subroga	espe ation	cts tn appli	e operations of the Named es when required by writter	insure i contra	a for sanction act.	ied activities				
		TOATE HOLDED				0.1.1.1)ELL ATION					
CEI	KIIF	FICATE HOLDER				CANC	ELLATION					
_	-								ESCRIBED POLICIES BE CANCEL			
 4'	333 30	Y ATENS HIGH SCHOOL JOHN R RD				THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						

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Gary D. Putterson

TROY MI 48085

AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY) 9/9/2021

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PRO	DUCER USI Insurance Services N	W			CONTAC NAME:	СТ					
	601 Union Street, Suite 10				PHONE (A/C, No	Evt\:	206-441-6300	-6300 FAX (A/C, No):			
	Seattle, WA 98101				E-MAIL ADDRESS:						
					INSURER(S) AFFORDING COVERAGE					NAIC#	
					INSURER A: Everest National Insurance Company				10120		
INSU					INSURE	RВ: QBE In	surance Corp	oration		39217	
N 9.	ichigan State Youth Soccer Ass 101 General Drive, Suite 120	ocia	tion		INSURER C:						
P	ymouth MI 48170				INSURE	RD:					
	•				INSURE	RE:					
					INSURE	RF:					
				NUMBER: 63796625				REVISION NUMBER:			
IN C E	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	INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S		
Α	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE DAMAGE TO RENTED	\$\$1,00	· ·	
	CLAIMS-MADE ✓ OCCUR							PREMISES (Ea occurrence)	\$\$300	<i>'</i>	
								MED EXP (Any one person)	\$ Exclu		
								PERSONAL & ADV INJURY	\$\$1,00 \$\$5,00	,	
	POLICY PRO- JECT LOC							GENERAL AGGREGATE		·	
								PRODUCTS - COMP/OP AGG	\$\$1,00 \$\$1.00	-,	
Α	OTHER: AUTOMOBILE LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	Participant Legal Liabi COMBINED SINGLE LIMIT	\$\$1,00 \$\$1.00	,	
, ,	ANY AUTO			0.00.20.00.2		07.17202.1	02022	(Ea accident) BODILY INJURY (Per person)	\$	00,000	
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
	AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$			
	ACTOC CIVET							(i or decident)	\$		
	UMBRELLA LIAB ✓ OCCUR			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5.00	00,000	
	✓ EXCESS LIAB CLAIMS-MADE	:						AGGREGATE	\$\$5,00	00,000	
	DED RETENTION \$								\$		
	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								\$		
В	Participant Accident Medical			UBH000005		9/1/2021	9/1/2022	\$100,000			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedul	e, may be	e attached if mor	re space is requir	ed)			
Ce	This certificate is issued on behalf of Michigan State Youth Soccer Association & Michigan Youth Soccer League 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.										
CE	RTIFICATE HOLDER				CANC	ELLATION					
Ti 5	Troy Community Center 500 W. Big Beaver Troy MI 48083 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.										

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Gary D. Putterson

AUTHORIZED REPRESENTATIVE

Gary Patterson



DATE (MM/DD/YYYY) 9/9/2021

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	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).													
PROI	UCE	R USI Insura	anc	e Services N	W			CONTAC NAME:	СТ					
		601 Unior	า St	reet, Suite 10				PHONE (A/C, No	. Evt).	206-441-6300		FAX (A/C, No):		
		Seattle, W	/A 9	98101				E-MAIL ADDRESS:						
														NAIC #
								INSURE		, ,	rance Company			10120
INSU										surance Corp				39217
M	ichi	gan State Yo	outh	Soccer Ass	ocia	tion		INSURE						002
		Ğeneral Dri outh MI 481		Suite 120				INSURE						
' '	Trymouti Wit 40170					INSURE								
								INSURE						
CO	/ER	AGES		CER	TIFIC	CATE	E NUMBER: 63796626				REVISION NUM	BER:		
TH	IIS I	S TO CERTIFY		T THE POLICIES	OF	INSUF	RANCE LISTED BELOW HAV			THE INSURE	D NAMED ABOVE	FOR TH		
							NT, TERM OR CONDITION THE INSURANCE AFFORDS							
							LIMITS SHOWN MAY HAVE				D HEREIN IS SUE	SJECT TO	J ALL I	ITE TERIVIS,
INSR LTR		TYPE OF I	NSUF	RANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
A	1	COMMERCIAL GE	NER	AL LIABILITY	INSD	WVD	SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENC		\$\$1,00	00 000
	•	CLAIMS-MAE	of [✓ OCCUR							DAMAGE TO RENTE PREMISES (Ea occui	D	\$\$300	
		OE/ anvio 101/ te	,	COCCIN							MED EXP (Any one p		\$ Exclu	<i>'</i>
											PERSONAL & ADV IN		\$\$1,00	
	GEN	L'L AGGREGATE LI	MIT A	APPLIES PER:							GENERAL AGGREGA		\$\$5,00	,
	OLI	POLICY PF		LOC							PRODUCTS - COMP.		\$\$1,00	
		OTHER:	CI								Participant Legal		00,000	
Α	AUT	OMOBILE LIABILIT	Υ				SI8GL01851-211		9/1/2021	9/1/2022	COMBINED SINGLE (Ea accident)		\$\$1.00	,
		ANY AUTO									BODILY INJURY (Per	person)	\$	50,000
		OWNED AUTOS ONLY		SCHEDULED AUTOS							BODILY INJURY (Per	r accident)	\$	
		HIRED AUTOS ONLY		NON-OWNED AUTOS ONLY							PROPERTY DAMAGI (Per accident)	E	\$	
	•	AUTOS ONLT	•	AUTOSONLT							(i ci accident)		\$	
		UMBRELLA LIAB		✓ OCCUR			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURRENC	E	\$\$5.00	00 000
	1	EXCESS LIAB	Ī	CLAIMS-MADE							AGGREGATE	_	\$\$5.00	
		DED RETE	ENTIC		1								\$	-,
		KERS COMPENSA	TION								PER STATUTE	OTH- ER		
	ANY	EMPLOYERS' LIAE PROPRIETOR/PART	NER	EXECUTIVE TO N							E.L. EACH ACCIDEN		\$	
	OFFI (Man	CER/MEMBEREXCI	LUDE	:D?	N/A						E.L. DISEASE - EA E			
	If ves	s, describe under CRIPTION OF OPE	RATIO	ONS below							E.L. DISEASE - POLI			
В		icipant Accider					UBH000005		9/1/2021	9/1/2022	\$100,000			
DESC	RIPT	ION OF OPERATIO	NS/	LOCATIONS / VEHIC	LES (A	CORD) 101, Additional Remarks Schedul	le, may be	e attached if mor	e space is require	ed)			
Thi	e 00	rtificate in incur	م م.	n hehalf of Mich	iaan	Stata	Vouth Sociation	8. Michi	gan Vouth So	ccer League				
Ce	rtifica	ate holder is Ac	dditio	onal Insured as r	espe	cts th	Youth Soccer Association are operations of the Named	Insure	ď for sanction	ed activities				
of t	he s	tate association	n. W	aiver of Subrog	ation	appli	es when required by writter	n contra	ict.					

CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE Troy Parks Rec (Beach Park) 500 W. Big Beaver Troy MI 48084 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) 9/9/2021

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.

						rms and conditions of th ificate holder in lieu of si				require an endorsement	. A st	atement on
		R USI Insuranc			COIL	incate noider in ned or st	CONTA		/ <u>•</u>			
		601 Union S	treet, Suite 10	v v IOO			NAME: PHONE (A/C, No		200 444 0000	FAX		
		Seattle, WA					E-MAIL	o, Ext): 2	<u>206-441-6300</u>	(A/C, No):		
		•					E-MAIL ADDRESS:					
							INSURER(S) AFFORDING COVERAGE NAIC #					
							INSURE	RA: Everest	National Insu	irance Company		10120
INSU		iaan Stata Vaut	h Cooose Ass	20101	tion		INSURE	RB: QBE Ins	urance Corp	oration		39217
9,	110111 401	igan State Yout General Drive,	Suite 120	Julai	lion		INSURE	RC:				
P	lym	outh MI 48170					INSURE	RD:				
	•						INSURE	RE:				
							INSURE	RF:				
CO	VER	AGES	CER	TIFIC	CATE	NUMBER: 63796627				REVISION NUMBER:		
IN CI EX	IDIC <i>I</i> ERTI XCLL	ATED. NOTWITHS FICATE MAY BE IS	TANDING ANY RE SSUED OR MAY I	QUIF PERT POLIC	REMEI	RANCE LISTED BELOW HAY NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN'	Y CONTRACT THE POLICIES	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPECT TO	CT TO V	WHICH THIS
INSR LTR		TYPE OF INSU	RANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S	
Α	1	COMMERCIAL GENER	RAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,00	00,000
		CLAIMS-MADE	✓ OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300	,000
										MED EXP (Any one person)	\$ Exclu	ıded
										PERSONAL & ADV INJURY	\$\$1,00	00,000
	GEN	N'L AGGREGATE LIMIT	APPLIES PER:						GENERAL AGGREGATE	\$\$5,000,000		
		POLICY PRO- JECT	LOC							PRODUCTS - COMP/OP AGG	\$\$1,00	·
		OTHER:								Participant Legal Liabi	\$\$1.00	,
Α						SI8GL01851-211		9/1/2021	9/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,00	
	ANY AUTO									BODILY INJURY (Per person)	\$	00,000
		OWNED	SCHEDULED							BODILY INJURY (Per accident)	\$	
		AUTOS ONLY HIRED	AUTOS NON-OWNED							PROPERTY DAMAGE	\$	
		AUTOS ONLY	AUTOS ONLY							(Per accident)		
						01057/04704 044		0///000/	01110000		\$	
		UMBRELLA LIAB	✓ OCCUR			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,00	00,000
	✓	EXCESS LIAB	CLAIMS-MADE							AGGREGATE	\$\$5,00	00,000
		DED RETENTI								DED LOTH	\$	
		RKERS COMPENSATION EMPLOYERS' LIABILIT	v							PER OTH- STATUTE ER		
	ANYI	PROPRIETOR/PARTNER	R/EXECUTIVE TIN	N/A						E.L. EACH ACCIDENT	\$	
	(Man	ndatory in NH)	ED?							E.L. DISEASE - EA EMPLOYEE	\$	
	If yes	s, describe under CRIPTION OF OPERATI	IONS below							E.L. DISEASE - POLICY LIMIT	\$	
В		ticipant Accident M				UBH000005		9/1/2021	9/1/2022	\$100,000		
DES	CRIPT	TION OF OPERATIONS /	LOCATIONS / VEHICI	LES (A	CORD	101, Additional Remarks Schedu	le, may be	e attached if more	space is requir	ed)		
Ce	rtific	ate holder is Additi	onal Insured as r	espe	cts th	Youth Soccer Association e operations of the Named es when required by writter	Insure	d for sanction				
CEI	RTIF	ICATE HOLDER					CANC	ELLATION				
Troy School District Troy Schools 4400 Livernois 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.						
ı ''	Troy MI 48098						AUTHORIZED REPRESENTATIVE					

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Gary D. Putterson

Gary Patterson



DATE (MM/DD/YYYY)

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this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).								
PRODUCER USI Insurance Services NW	CONTACT NAME:							
601 Union Street, Suite 1000	PHONE (A/C, No, Ext): 206-441-6300 FAX (A/C, No):							
Seattle, WA 98101	E-MAIL ADDRESS:							
	INSURER(S) AFFORDING COVERAGE	NAIC#						
	INSURER A: Everest National Insurance Company 1012							
INSURED A	INSURER B: QBE Insurance Corporation 39217							
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:							
Plymouth MI 48170	INSURER D:							
•	INSURER E :							
	INSURER F:							
COVERAGES CERTIFICATE NUMBER: 63796628	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								

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

ADDLISUBR INSURANCE

ADDLISUBR INSURANCE

POLICY EFF (MM/IDD/YYYY)

COMMERCIAL GENERAL LIABILITY

SI8GL01851-211

9/1/2021

9/1/2022

EACH OCCURRENCE
DAMAGE TO BENTED

LTR Α EACH OCCURRENCE DAMAGE TO RENTED CLAIMS-MADE ✓ OCCUR \$\$300,000 PREMISES (Ea occurrence) MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$\$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$\$5,000,000 PRO-JECT POLICY LOC PRODUCTS - COMP/OP AGG \$\$1,000,000 \$\$1,000,000 OTHER: Participant Legal Liabi COMBINED SINGLE LIMIT (Ea accident) Α **AUTOMOBILE LIABILITY** SI8GL01851-211 9/1/2021 9/1/2022 \$\$1,000,000 ANY AUTO BODILY INJURY (Per person) SCHEDULED AUTOS NON-OWNED OWNED AUTOS ONLY HIRED BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTOS ONLY **AUTOS ONLY** UMBRELLA LIAB SI8EX01724-211 9/1/2021 9/1/2022 / OCCUR EACH OCCURRENCE \$\$5,000,000 **EXCESS LIAB CLAIMS-MADE AGGREGATE** \$\$5,000,000 DED RETENTION \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? 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 UBH000005 9/1/2021 Participant Accident Medical 9/1/2022 \$100,000

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 & Michigan Youth Soccer League 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						
Troy Union Elementary School - East and West 1340 E. Square Lake Road Troy MI 48085	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)

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	is certificate does not confer rights to						require an endorsemen	t. A St	atement on	
_	DUCER USI Insurance Services NW			CONTACT NAME:						
	601 Union Street, Suite 100			PHONE (A/C, No	F. (4).	206-441-6300	FAX (A/C, No):			
	Seattle, WA 98101			E-MAIL ADDRESS:						
									NAIC#	
				INSURER A: Everest National Insurance Company					10120	
INSU	RED					surance Corp			39217	
	ichigan State Youth Soccer Assoc	ciation				surance Corp	Oralion		39217	
94	401 General Drive, Suite 120			INSURE						
1	lymouth MI 48170			INSURE						
				INSURE						
	VEDACES CEDI	ICIC ATC	NUMBER: 0070000	INSURE	RF:		DEVICION NUMBER.			
	VERAGES CERT HIS IS TO CERTIFY THAT THE POLICIES (NUMBER: 63796629	/E DEE	N ISSUED TO		REVISION NUMBER:	THE DOL	ICV PERIOD	
IN CI	DICATED. NOTWITHSTANDING ANY REC ERTIFICATE MAY BE ISSUED OR MAY PI KCLUSIONS AND CONDITIONS OF SUCH P	QUIREMEI ERTAIN, OLICIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN'	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER IS DESCRIBEIT PAID CLAIMS.	DOCUMENT WITH RESPE D HEREIN IS SUBJECT T	CT TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	NDDL SUBR NSD WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	гѕ		
Α	✓ COMMERCIAL GENERAL LIABILITY		SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE DAMAGE TO RENTED	<u> </u>	00,000	
	CLAIMS-MADE 🗸 OCCUR						PREMISES (Ea occurrence)	\$\$300	,	
							MED EXP (Any one person)	\$ Exclu		
							PERSONAL & ADV INJURY	1 : 1	00,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	+	00,000	
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	1	,	
<u> </u>	OTHER:		01001 04054 044		0/4/0004	0/4/0000	Participant Legal Liabi COMBINED SINGLE LIMIT		00,000	
Α	AUTOMOBILE LIABILITY		SI8GL01851-211		9/1/2021	9/1/2022	(Ea accident)	+ ' '	00,000	
	ANY AUTO OWNED SCHEDULED						BODILY INJURY (Per person)	\$		
	AUTOS ONLY AUTOS NON-OWNED						BODILY INJURY (Per accident)			
	AUTOS ONLY AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$		
								\$		
	UMBRELLA LIAB ✓ OCCUR		SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,00	00,000	
	✓ EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$\$5,00	00,000	
	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) If yes, describe under						E.L. DISEASE - EA EMPLOYE	\$		
	DÉSCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$		
В	Participant Accident Medical		UBH000005		9/1/2021	9/1/2022	\$100,000			
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (ACORD	101, Additional Remarks Schedu	le, may be	e attached if mor	e space is requir	ed)			
Ce	This certificate is issued on behalf of Michigan State Youth Soccer Association & Michigan Youth Soccer League 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.									
CE	RTIFICATE HOLDER			CANC	ELLATION					
CEI	THI IOATE HOLDER			CANCELLATION						
lυ	Itimate Soccer Arena				ESCRIBED POLICIES BE O					

Gary Patterson

ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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867 South Blvd E

Pontiac MI 48341



DATE (MM/DD/YYYY) 9/9/2021

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the policy/ice) must have ADDITIONAL INCLIDED provisions on be andersed

If SUBROGATION IS WAIVED, subject to the terms and conditions of this certificate does not confer rights to the certificate holder in lieu of s	the policy, certain policies may require an endorsement. A sta such endorsement(s).					
PRODUCER USI Insurance Services NW	CONTACT NAME:					
601 Union Street, Suite 1000	PHONE (A/C, No, Ext): 206-441-6300 (A/C, No):					
Seattle, WA 98101	E-MAIL ADDRESS:					
	INSURER(S) AFFORDING COVERAGE	NAIC#				
	INSURER A: Everest National Insurance Company	10120				
INSURED	INSURER B: QBE Insurance Corporation	39217				
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:					
Plymouth MI 48170	INSURER D:					
,	INSURER E :					
	INSURER F:					
COVERAGES CERTIFICATE NUMBER: 63796630	REVISION NUMBER:					
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAINDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION						
CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORI						
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVI						
INSR LTR TYPE OF INSURANCE ADDL SUBR INSD WVD POLICY NUMBER	POLICY EFF POLICY EXP					
A COMMERCIAL GENERAL LIABILITY SI8GL01851-211	9/1/2021 9/1/2022 EACH OCCURRENCE \$\$1,00	00,000				
CLAIMS-MADE 🗸 OCCUR	DAMAGE TO RENTED PREMISES (Ea occurrence) \$\$300.	,000				
	MED EXP (Any one person) \$ Exclu	ıded				

PERSONAL & ADV INJURY \$\$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$\$5,000,000 PRO-JECT LOC POLICY PRODUCTS - COMP/OP AGG \$\$1,000,000 OTHER: Participant Legal Liabi \$\$1,000,000 COMBINED SINGLE LIMIT (Ea accident) **AUTOMOBILE LIABILITY** SI8GL01851-211 9/1/2021 9/1/2022 \$\$1,000,000 ANY AUTO BODILY INJURY (Per person) OWNED AUTOS ONLY HIRED SCHEDULED AUTOS NON-OWNED BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTOS ONLY **AUTOS ONLY** UMBRELLA LIAB SI8EX01724-211 9/1/2021 9/1/2022 / OCCUR EACH OCCURRENCE \$\$5,000,000 **EXCESS LIAB** CLAIMS-MADE AGGREGATE \$\$5,000,000 DED RETENTION \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? 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 UBH000005 9/1/2021 9/1/2022 Participant Accident Medical \$100,000

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

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CERTIFICATE HOLDER	CANCELLATION				
University Hills Elementary School 600 Croyden Rochester 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 Patterson				
	Gary Fauerson				



DATE (MM/DD/YYYY)

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this certificate does not confer rights to the certificate holder in lieu of si								
PRODUCER USI Insurance Services NW	CONTACT NAME:							
601 Union Street, Suite 1000	PHONE (A/C, No, Ext): 206-441-6300 (A/C, No):							
Seattle, WA 98101	E-MAIL ADDRESS:							
	INSURER(S) AFFORDING COVERAGE	NAIC#						
	INSURER A: Everest National Insurance Company	10120						
INSURED	INSURER B: QBE Insurance Corporation 39217							
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:							
Plymouth MI 48170	INSURER D:							
	INSURER E :							
	INSURER F:							
COVERAGES CERTIFICATE NUMBER: 63796631	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.								

POLICY EFF POLICY EXP INSR LTR ADDL SUBR TYPE OF INSURANCE POLICY NUMBER LIMITS INSD WVD Α **COMMERCIAL GENERAL LIABILITY** SI8GL01851-211 9/1/2021 9/1/2022 EACH OCCURRENCE DAMAGE TO RENTED \$\$1,000,000 CLAIMS-MADE ✓ OCCUR \$\$300,000 PREMISES (Ea occurrence) MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$\$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$\$5,000,000 PRO-JECT POLICY LOC PRODUCTS - COMP/OP AGG \$\$1,000,000 \$\$1,000,000 OTHER: Participant Legal Liabi COMBINED SINGLE LIMIT (Ea accident) Α **AUTOMOBILE LIABILITY** SI8GL01851-211 9/1/2021 9/1/2022 \$\$1,000,000 ANY AUTO BODILY INJURY (Per person) SCHEDULED AUTOS NON-OWNED OWNED AUTOS ONLY HIRED BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTOS ONLY **AUTOS ONLY** UMBRELLA LIAB SI8EX01724-211 9/1/2021 9/1/2022 / OCCUR EACH OCCURRENCE \$\$5,000,000 **EXCESS LIAB CLAIMS-MADE AGGREGATE** \$\$5,000,000 DED RETENTION \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? 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 UBH000005 9/1/2021 Participant Accident Medical 9/1/2022 \$100,000

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

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CERTIFICATE HOLDER	CANCELLATION
UNIVERSITY OF DETROIT 4001 WEST MCNICHOLS ROAD DETROIT MI 48221	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
	dary rattersorr



DATE (MM/DD/YYYY) 9/9/2021

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

		BROGATION IS WAIVED, subject ertificate does not confer rights t							require an endorsement	. A st	atement on		
_		ER USI Insurance Services N			inoute notaer in nea or se	CONTA		,, <u>,</u>					
		601 Union Street, Suite 10				NAME: PHONE		206 441 6200	FAX				
		Seattle, WA 98101				E-MAIL	,,-	206-441-6300	(A/C, No):				
						ADDRESS:							
						INSURER(S) AFFORDING COVERAGE NAI INSURER A: Everest National Insurance Company 1012							
INSL	IRED								• •		10120		
ΙM	lich	igan State Youth Soccer Asso	ociat	tion				surance Corp	oration		39217		
9	401	General Drive, Suite 120				INSURE							
٢	iym	outh MI 48170				INSURE							
							RE:						
	VEE	RAGES CER	TIEI	^ A T E	NUMBER: 0070000	INSURE	RF:		DEVISION NUMBER.				
		IS TO CERTIFY THAT THE POLICIES			NUMBER: 63796632	/F RFF	N ISSUED TO		REVISION NUMBER: ED NAMED AROVE FOR TH	de POI	ICY PERIOD		
		ATED. NOTWITHSTANDING ANY RE											
		IFICATE MAY BE ISSUED OR MAY								ALL 1	HE TERMS,		
INSR		JSIONS AND CONDITIONS OF SUCH		SUBR		BEEN F	POLICY EFF	POLICY EXP		_			
LTR		TYPE OF INSURANCE	INSD	WVD			(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT				
A	/	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE DAMAGE TO RENTED	\$\$1,00	,		
	_	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)	\$\$300,000			
	-								MED EXP (Any one person)	\$ Excluded			
									PERSONAL & ADV INJURY	\$\$1,00			
	GEI	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$\$5,00			
		POLICY LOC							PRODUCTS - COMP/OP AGG	\$\$1,00			
Ļ		OTHER:			01001 04054 044		0/4/0004	0/4/0000	Participant Legal Liabi	\$\$1,00	-		
Α	AU	TOMOBILE LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	(Ea accident)	\$\$1,00	00,000		
		ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per person)	\$			
		AUTOS ONLY AUTOS NON-OWNED							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$			
	1	AUTOS ONLY AUTOS ONLY							(Per accident)	\$			
										\$			
		UMBRELLA LIAB / OCCUR			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,00	00,000		
	/	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$\$5,00	00,000		
		DED RETENTION \$							DED	\$			
		RKERS COMPENSATION DEMPLOYERS' LIABILITY Y / N							PER OTH- STATUTE ER				
		PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$			
	(Mai	ndatory in NH) s, describe under							E.L. DISEASE - EA EMPLOYEE	\$			
<u> </u>	DÉS	CRIPTION OF OPERATIONS below			LIBULOGGG		2///222/	2/1/2222	E.L. DISEASE - POLICY LIMIT	\$			
В	Par	ticipant Accident Medical			UBH000005		9/1/2021	9/1/2022	\$100,000				
DES	CRIP	FION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORE	101, Additional Remarks Schedul	le, may be	attached if mor	re space is requir	ed)				
Th	is ce	ertificate is issued on behalf of Mich	igan :	State	Youth Soccer Association	& Michi	gan Youth So	ccer League					
		rate holder is Additional Insured as restate association. Waiver of Subroga						ned activities					
"	uie s	state association. Waiver of Subroga	alion	appiii	es when required by writter	COILLA	ici.						
CE	RTIF	ICATE HOLDER				CANC	ELLATION						
Ιu	pto	n Elementary							ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E		-		
l 4	400	Mandalav							Y PROVISIONS.				
ιR	Royal Oak MI 48073												

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Gary D. Putterson

AUTHORIZED REPRESENTATIVE

Gary Patterson



DATE (MM/DD/YYYY) 9/9/2021

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 nolicy(les) must have ADDITIONAL INSURED provisions or be endorsed

If S	UBROGATION IS WAIVED, subjects certificate does not confer rights	to the te	erms and conditions of th	e polic uch en	cy, certain po dorsement(s	olicies may	•			
PRODU	ICER USI Insurance Services N	W		CONTACT NAME:						
	601 Union Street, Suite 10	000		PHONE (A/C, No	o. Ext): 2	206-441-6300		FAX (A/C. No):		
	Seattle, WA 98101		E-MAIL ADDRE	SS:						
			INS	SURER(S) AFFOR	DING COVERAGE		NAIC#			
		INSURE	RA: Everest	National Insu	rance Company		10120			
INSURED					кв: QBE Ins	surance Corp	oration		39217	
Michigan State Youth Soccer Association 9401 General Drive, Suite 120					INSURER C:					
Plymouth MI 48170					RD:					
,				INSURE	RE:					
				INSURER F:						
COV	ERAGES CEF	RTIFICAT	E NUMBER: 63796633	REVISION NUMBER:						
IND	S IS TO CERTIFY THAT THE POLICIES ICATED. NOTWITHSTANDING ANY R	EQUIREME	ENT, TERM OR CONDITION	OF AN'	Y CONTRACT	OR OTHER I	DOCUMENT WITH	RESPEC	T TO WHICH THIS	
	RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH							SJECT TO	ALL THE TERMS,	
INSR LTR	TYPE OF INSURANCE	ADDL SUBF			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	5	
Α,	COMMERCIAL GENERAL LIABILITY		SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE		\$\$1,000,000	
	CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTE PREMISES (Ea occur		\$\$300,000	
							MED EXP (Any one p	erson)	\$ Excluded	
							DEDCOMAL 9 ADV/IA	JUDY	e \$1,000,000	

PERSONAL & ADV INJURY \$\$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$\$5,000,000 PRO-JECT LOC POLICY PRODUCTS - COMP/OP AGG \$\$1,000,000 OTHER: Participant Legal Liabi \$\$1,000,000 COMBINED SINGLE LIMIT (Ea accident) **AUTOMOBILE LIABILITY** SI8GL01851-211 9/1/2021 9/1/2022 \$\$1,000,000 ANY AUTO BODILY INJURY (Per person) OWNED AUTOS ONLY HIRED SCHEDULED AUTOS NON-OWNED BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTOS ONLY **AUTOS ONLY** UMBRELLA LIAB SI8EX01724-211 9/1/2021 9/1/2022 / OCCUR EACH OCCURRENCE \$\$5,000,000 **EXCESS LIAB** CLAIMS-MADE AGGREGATE \$\$5,000,000 DED RETENTION \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? 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 UBH000005 9/1/2021 9/1/2022 Participant Accident Medical \$100,000

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 & Michigan Youth Soccer League 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
Utica Community Schools 11303 Greendale St Sterling Heights MI 48312	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



9/9/2021

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 co				ificate holder in lieu of su	uch end	dorsement(s				atement on
PRODUCER USI Insurance	Services NW	ī			CONTA NAME:	СТ				
601 Union Street, Suite 1000				PHONE (A/C, No, Ext): 206-441-6300 (A/C, No):						
Seattle, WA 98	101				E-MAIL ADDRE	SS:		, v. z. z., 110).		
							SURER(S) AFFOR	RDING COVERAGE		NAIC#
					INSURE			irance Company		10120
INSURED						RB: QBE Ins		' '		39217
Michigan State Youth S 9401 General Drive, S		ciat	ion		INSURE	RC:				
Plymouth MI 48170	uite 120				INSURE	RD:				
,					INSURE	RE:				
					INSURE	RF:				
COVERAGES	CERTI	IFIC	ATE	NUMBER: 63796634				REVISION NUMBER:		
THIS IS TO CERTIFY THAT INDICATED. NOTWITHSTAN CERTIFICATE MAY BE ISSU	IDING ANY REQ	UIR	EME	NT, TERM OR CONDITION	OF AN'	Y CONTRACT	OR OTHER I	DOCUMENT WITH RESPE	CT TO	WHICH THIS
EXCLUSIONS AND CONDITION					BEEN F					
INSR TYPE OF INSURAN	ICE IN	DDL NSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A COMMERCIAL GENERAL CLAIMS-MADE	¬			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,00 \$\$300	•
	-							MED EXP (Any one person)	\$ Exclu	<i>'</i>
								PERSONAL & ADV INJURY	\$\$1,00	
GEN'L AGGREGATE LIMIT APP	LIES PER:							GENERAL AGGREGATE		00,000
POLICY PRO- JECT	LOC							PRODUCTS - COMP/OP AGG	\$\$1,00	00,000
OTHER:								Participant Legal Liabi	\$\$1,00	00,000
A AUTOMOBILE LIABILITY				SI8GL01851-211		9/1/2021	9/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,00	00,000
ANY AUTO								BODILY INJURY (Per person)	\$	
I AUTOS ONLY A	CHEDULED UTOS							BODILY INJURY (Per accident)	\$	
HIRED N	ON-OWNED UTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
									\$	
UMBRELLA LIAB 🗸	OCCUR			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,00	00,000
✓ EXCESS LIAB	CLAIMS-MADE							AGGREGATE	\$\$5,00	00,000
DED RETENTION :	\$								\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	V/N							PER OTH- STATUTE ER		
ANYPROPRIETOR/PARTNER/EX OFFICER/MEMBEREXCLUDED?	ECUTIVE Y/N	I / A						E.L. EACH ACCIDENT	\$	
(Mandatory in NH)								E.L. DISEASE - EA EMPLOYEE	\$	
If yes, describe under DESCRIPTION OF OPERATIONS								E.L. DISEASE - POLICY LIMIT	\$	
B Participant Accident Medi	cal			UBH000005		9/1/2021	9/1/2022	\$100,000		
DESCRIPTION OF OPERATIONS / LOC	CATIONS / VEHICLE	S (A	CORD	101, Additional Remarks Schedul	le, may b	e attached if more	e space is requir	ed)		
This certificate is issued on b										
Certificate holder is Additional of the state association. Wair							ed activities			
	.									
CERTIFICATE USI DED					CANC	CELLATION				
CERTIFICATE HOLDER					CANC	ELLATION				

Gary Patterson

ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE

THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN

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Utica High School 47255 Shelby Utica MI 48317



DATE (MM/DD/YYYY)

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tilis certificate does not come	rights to the certificate holder in fled of si	ucii endorseme	111(5).			
PRODUCER USI Insurance Serv	ices NW	CONTACT NAME:				
601 Union Street, Suite 1000		PHONE (A/C, No, Ext):	206-441-6300	FAX (A/C, No):		
Seattle, WA 98101		E-MAIL ADDRESS:				
			/ERAGE	NAIC#		
		INSURER A: Eve	10120			
INSURED		INSURER B: QBE Insurance Corporation 3921				
Michigan State Youth Socci 9401 General Drive, Suite	cer Association	INSURER C :				
Plymouth MI 48170	120	INSURER D :				
-		INSURER E :				
		INSURER F:				
COVERAGES	CERTIFICATE NUMBER: 63706635		REVISION	ON 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	COLOGICINO AND CONDITIONS OF SOCI	ADDLS			POLICY EFF	POLICY EXP		
LTR	TYPE OF INSURANCE	INSD \	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
Α	CLAIMS-MADE OCCUR			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,000,000 \$\$300.000
							MED EXP (Any one person)	\$ Excluded
							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			SI8GL01851-211	9/1/2021	9/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
	ANY AUTO						BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	✓ HIRED AUTOS ONLY ✓ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB ✓ OCCUR			SI8EX01724-211	9/1/2021	9/1/2022	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 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	Participant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000	

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 & Michigan Youth Soccer League 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
UTICIA COMMUNITY SCHOOLS/ COLLINS ELEMENTARY 12900 GRAND HAVEN STERLING HEIGHTS MI 48312	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)

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this certificate does not confer	r rights to the certificate holder in fied of s	uch endorseme	ent(s).				
PRODUCER USI Insurance Serv	vices NW	CONTACT NAME:					
601 Union Street, S	Suite 1000	PHONE (A/C, No, Ext):	206-441-6300	FAX (A/C, No):			
Seattle, WA 98101		E-MAIL ADDRESS:					
			INSURER(S) AFFORDING CO	VERAGE	NAIC#		
		INSURER A : Eve	10120				
INSURED CLARA VALUE COMM	A	INSURER B: QBE Insurance Corporation 39217					
Michigan State Youth Soco 9401 General Drive, Suite	cer Association	INSURER C:					
Plymouth MI 48170	120	INSURER D :					
		INSURER E:					
		INSURER F:					
COVERAGES	CERTIFICATE NUMBER: 63796636		REVISI	ON 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		TYPE OF INSURANCE	ADDL SU	JBR IVD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	1	COMMERCIAL GENERAL LIABILITY		SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
							MED EXP (Any one person)	\$ Excluded
							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		SI8GL01851-211	9/1/2021	9/1/2022	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		SI8EX01724-211	9/1/2021	9/1/2022	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 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	Part	ticipant Accident Medical		UBH000005	9/1/2021	9/1/2022	\$100,000	
		·						

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 & Michigan Youth Soccer League 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
UTICIA COMMUNITY SCHOOLS/ EBELING ELEMENTARY 15970 HAVERHILL MACOMB MI 48044	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)

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tilla certificate does flot collier	rights to the certificate florder in fled of s	acii enaoraenie	πι(σ).			
PRODUCER USI Insurance Serv	vices NW	CONTACT NAME:				
601 Union Street, S	Suite 1000	PHONE (A/C, No, Ext):	206-441-6300	FAX (A/C, No):		
Seattle, WA 98101	E-MAIL ADDRESS:					
			INSURER(S) AFFORDING COV	'ERAGE	NAIC#	
		INSURER A : Eve	10120			
INSURED	A	INSURER B: QBE Insurance Corporation 392				
Michigan State Youth Soco 9401 General Drive, Suite	ccer Association	INSURER C :				
Plymouth MI 48170	120	INSURER D:				
,		INSURER E:				
		INSURER F:				
COVERAGES	CERTIFICATE NUMBER: 62706627		PEVISION	ON NUMBER:		

: NUMBER: 63/9663/

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		SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
							MED EXP (Any one person)	\$ Excluded
							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		SI8GL01851-211	9/1/2021	9/1/2022	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		SI8EX01724-211	9/1/2021	9/1/2022	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)					E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
В	Par	ticipant Accident Medical		UBH000005	9/1/2021	9/1/2022	\$100,000	

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 & Michigan Youth Soccer League 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
UTICIA COMMUNITY SCHOOLS/ GIBBING ELEMENTARY 11303 GREENDALE DRIVE STERLING HEIGHTS MI 48312	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 lieu of such endorsement(s).								
PRODUCER USI Insurance Services NW	CONTACT NAME:							
601 Union Street, Suite 1000	PHONE (A/C, No. Ext): 206-441-6300 (A/C, No):							
Seattle, WA 98101	E-MAIL ADDRESS:							
	INSURER(S) AFFORDING COVERAGE	NAIC#						
	INSURER A: Everest National Insurance Company	10120						
INSURED	INSURER B: QBE Insurance Corporation 39217							
Michigan State Youth Soccer Association	INSURER C:							
Plymouth MI 48170	INSURER D :							
,	INSURER E :							
	INSURER F:							
COVERAGES CERTIFICATE NUMBER: 63796638	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								
, , , , , , , , , , , , , , , , , , , ,		-						
Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth MI 48170 COVERAGES CERTIFICATE NUMBER: 63796638	INSURER(S) AFFORDING COVERAGE INSURER A: Everest National Insurance Company INSURER B: QBE Insurance Corporation INSURER C: INSURER D: INSURER E: INSURER F: REVISION NUMBER: /E BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POL OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO	10120 39217 ICY PERIOD WHICH THIS						

EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ADDL SUBR INSD WVD POLICY EFF POLICY EXP (MM/DD/YYYY) INSR LTR TYPE OF INSURANCE POLICY NUMBER COMMERCIAL GENERAL LIABILITY Α SI8GL01851-211 9/1/2021 9/1/2022 EACH OCCURRENCE DAMAGE TO RENTED \$\$1,000,000 CLAIMS-MADE ✓ OCCUR \$\$300,000 PREMISES (Ea occurrence) MED EXP (Any one person) \$ Excluded \$\$1,000,000 PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$\$5,000,000 PRO-JECT POLICY LOC PRODUCTS - COMP/OP AGG \$\$1,000,000 \$\$1,000,000 OTHER: Participant Legal Liabi COMBINED SINGLE LIMIT (Ea accident) Α **AUTOMOBILE LIABILITY** SI8GL01851-211 9/1/2021 9/1/2022 \$\$1,000,000 ANY AUTO BODILY INJURY (Per person) SCHEDULED AUTOS NON-OWNED OWNED AUTOS ONLY HIRED BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTOS ONLY **AUTOS ONLY** UMBRELLA LIAB SI8EX01724-211 9/1/2021 9/1/2022 / OCCUR EACH OCCURRENCE \$\$5,000,000 **EXCESS LIAB CLAIMS-MADE AGGREGATE** \$\$5,000,000 DED RETENTION \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? 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 UBH000005 9/1/2021 9/1/2022 Participant Accident Medical \$100,000

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 & Michigan Youth Soccer League 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
UTICIA COMMUNITY SCHOOLS/ HENRY FOR II HIGH SCHO 11911 CLINTON RIVER ROAD STERLING HEIGHTS MI 48313	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.

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tilis certificate does flot collier	rights to the certificate holder in hed of s	ucii elluoiseille	ການ(ອ).					
PRODUCER USI Insurance Serv	ices NW	CONTACT NAME:						
601 Union Street, S	uite 1000	PHONE (A/C, No, Ext):	206-441-6300	FAX (A/C, No):				
Seattle, WA 98101		E-MAIL ADDRESS:						
			INSURER(S) AFFORDING CO	VERAGE	NAIC#			
		INSURER A : Eve	Company	10120				
INSURED OLD IN NO.		INSURER B: QB		39217				
Michigan State Youth Socci 9401 General Drive, Suite	er Association 120	INSURER C:						
Plymouth MI 48170	120	INSURER D :						
,		INSURER E :						
		INSURER F:						
COVERAGES	CERTIFICATE NUMBER: 63796639		REVIS	ION 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.

	KCLUSIOI	NS AND CONDITIONS OF SUCH I						
INSR LTR			ADDL SU		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	CON	IMERCIAL GENERAL LIABILITY		SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
							MED EXP (Any one person)	\$ Excluded
							PERSONAL & ADV INJURY	\$\$1,000,000
	GEN'L AG	GREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$\$5,000,000
	POL	ICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$\$1,000,000
	ОТН	ER:					Participant Legal Liabi	\$\$1,000,000
Α	AUTOMO	BILE LIABILITY		SI8GL01851-211	9/1/2021	9/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
		AUTO					BODILY INJURY (Per person)	\$
	OWN	NED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	✓ HIRE AUT	D NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
								\$
	UMB	RELLA LIAB / OCCUR		SI8EX01724-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,000,000
	✓ EXC	ESS LIAB CLAIMS-MADE					AGGREGATE	\$\$5,000,000
	DED	RETENTION \$						\$
		COMPENSATION OYERS' LIABILITY					PER OTH- STATUTE ER	
	ANYPROPI	RIETOR/PARTNER/EXECUTIVE TIN	N/A				E.L. EACH ACCIDENT	\$
	(Mandator	y in NH)					E.L. DISEASE - EA EMPLOYEE	\$
	If yes, desc DESCRIPT	cribe under TON OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
В	Participa	ınt Accident Medical		UBH000005	9/1/2021	9/1/2022	\$100,000	
-								

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 & Michigan Youth Soccer League 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
UTICIA COMMUNITY SCHOOLS/ HERITAGE JR. HIGH 37400 DODGE PARK ROAD STERLING HEIGHTS MI 48312	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 HAS A PULLUS ON THE STATE OF T
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.

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tilis certificate does flot confer	rights to the certificate holder in hed of si	ucii ellubi sellle	າາເ(ອ).			
PRODUCER USI Insurance Serv	ices NW	CONTACT NAME:				
601 Union Street, S	uite 1000	PHONE (A/C, No, Ext):	206-441-6300	FAX (A/C, No):		
Seattle, WA 98101		E-MAIL ADDRESS:				
			INSURER(S) AFFORDING CO	VERAGE	NAIC#	
		INSURER A: Eve	Company	10120		
INSURED		INSURER B: QB	39217			
Michigan State Youth Socce 9401 General Drive, Suite	er Association 120	INSURER C :				
Plymouth MI 48170	120	INSURER D :				
•		INSURER E:				
		INSURER F:				
COVERAGES	CERTIFICATE NUMBER: 62706640		REVISI	ON 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		SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
							MED EXP (Any one person)	\$ Excluded
							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		SI8GL01851-211	9/1/2021	9/1/2022	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		SI8EX01724-211	9/1/2021	9/1/2022	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	\$
	(Mar	ndatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
В	Par	ticipant Accident Medical		UBH000005	9/1/2021	9/1/2022	\$100,000	

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 & Michigan Youth Soccer League 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
UTICIA COMMUNITY SCHOOLS/ JEANNETTE JR. HIGH 4040 GULLIVER DRIVE STERLING HEIGHTS MI 48310	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. 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)

unis cerunicate aces not comer	rights to the certificate floraer in fled of s	acii ellaorseille	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
PRODUCER USI Insurance Serv	rices NW	CONTACT NAME:			
601 Union Street, S	Suite 1000	PHONE (A/C, No, Ext):	206-441-6300	FAX (A/C, No):	
Seattle, WA 98101		E-MAIL ADDRESS:			
			INSURER(S) AFFORDING CO	VERAGE	NAIC#
		INSURER A : Eve	Company	10120	
INSURED CLARA VALUE OF THE CONTROL O	A	INSURER B: QB		39217	
Michigan State Youth Socc 9401 General Drive, Suite	er Association	INSURER C:			
Plymouth MI 48170	120	INSURER D :			
		INSURER E :			
		INSURER F:			
COVERAGES	CERTIFICATE NUMBER: 63796641		REVISI	ION 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.

		ISIONS AND CONDITIONS OF SOCIT							
INSR LTR		TYPE OF INSURANCE		SUBR WVD		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
Α	1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
								MED EXP (Any one person)	\$ Excluded
								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			SI8GL01851-211	9/1/2021	9/1/2022	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			SI8EX01724-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,000,000
	1	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$\$5,000,000
		DED RETENTION \$							\$
		KERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANY	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	Part	icipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000	

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 & Michigan Youth Soccer League 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
UTICIA COMMUNITY SCHOOLS/ MAGAHAY ELEMENTARY 44700 OLEANDER DRIVE STERLING HEIGHTS MI 48313	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 LANG D. PULLUSION
	Gary Patterson



DATE (MM/DD/YYYY) 9/9/2021

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 nolicy/ies) must have ADDITIONAL INSURED provisions or be endorsed

If S	UBROGATION IS WAIVED, subject certificate does not confer rights	t to ti	ne tei	rms and conditions of th	e polic	cy, certain po	olicies may	•		
PROD	ICER USI Insurance Services N	IW			CONTA NAME:	СТ				
	601 Union Street, Suite 1				PHONE (A/C, No	o. Ext): 2	206-441-6300) F	FAX (A/C. No):	
	Seattle, WA 98101				E-MAIL ADDRE				, ,	
						INS	SURER(S) AFFOR	RDING COVERAGE		NAIC#
					INSURE	RA: Everest	National Insu	rance Company		10120
INSUR					INSURE	RB: QBE Ins	surance Corp	oration		39217
MI	chigan State Youth Soccer Ass 01 General Drive, Suite 120	ocia	tion		INSURE	RC:				
P۱	mouth MI 48170				INSURER D:					
,					INSURER E :					
					INSURE	RF:				
COV	ERAGES CEI	RTIFIC	CATE	NUMBER: 63796642				REVISION NUM	BER:	
	S IS TO CERTIFY THAT THE POLICIE									
	ICATED. NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR MAY									
	CLUSIONS AND CONDITIONS OF SUCH								0201 107	all the termo,
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	
Α	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE		\$1,000,000
	CLAIMS-MADE ✓ OCCUR							DAMAGE TO RENTEL PREMISES (Ea occurr		\$300,000
								MED EXP (Any one pe	erson) \$	Excluded

PERSONAL & ADV INJURY \$\$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$\$5,000,000 PRO-JECT LOC POLICY PRODUCTS - COMP/OP AGG \$\$1,000,000 OTHER: Participant Legal Liabi \$\$1,000,000 COMBINED SINGLE LIMIT (Ea accident) Α **AUTOMOBILE LIABILITY** SI8GL01851-211 9/1/2021 9/1/2022 \$\$1,000,000 ANY AUTO BODILY INJURY (Per person) OWNED AUTOS ONLY HIRED SCHEDULED AUTOS NON-OWNED BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTOS ONLY **AUTOS ONLY** UMBRELLA LIAB SI8EX01724-211 9/1/2021 9/1/2022 / OCCUR EACH OCCURRENCE \$\$5,000,000 **EXCESS LIAB** CLAIMS-MADE AGGREGATE \$\$5,000,000 DED RETENTION \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? 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 UBH000005 9/1/2021 9/1/2022 Participant Accident Medical \$100,000

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 & Michigan Youth Soccer League 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
UTICIA COMMUNITY SCHOOLS/ SCHWARZKOFF ELEMENT 8401 CONSTITUTION STERLING HEIGHTS MI 48313	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE APPLY EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE HOLLINGTON AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE
	Gary Patterson



DATE (MM/DD/YYYY) 9/9/2021

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).

una ceruncate does not comer	this certificate does not confer rights to the certificate holder in fied of such endorsement(s).					
PRODUCER USI Insurance Servi	ices NW	CONTACT NAME:				
601 Union Street, Suite 1000		PHONE (A/C, No, Ext):	206-441-6300	FAX (A/C, No):		
Seattle, WA 98101		E-MAIL ADDRESS:			,	
			INSURER(S) AFFORDING CO	VERAGE	NAIC#	
		INSURER A: Eve	Company	10120		
INSURED		INSURER B: QB	E Insurance Corporation		39217	
Michigan State Youth Socce 9401 General Drive, Suite 1	er Association 120	INSURER C:				
Plymouth MI 48170	120	INSURER D :				
		INSURER E :				
		INSURER F:				
COVERAGES	CERTIFICATE NUMBER: 63796643		REVISI	ON 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			ADDL SU		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
Α	CON	IMERCIAL GENERAL LIABILITY		SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000	
		CLAIMS-MADE ✓ OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000	
							MED EXP (Any one person)	\$ Excluded	
							PERSONAL & ADV INJURY	\$\$1,000,000	
	GEN'L AG	GREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$\$5,000,000	
	POL	ICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$\$1,000,000	
	ОТН	ER:					Participant Legal Liabi	\$\$1,000,000	
Α	AUTOMO	BILE LIABILITY		SI8GL01851-211	9/1/2021	9/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000	
		AUTO					BODILY INJURY (Per person)	\$	
	OWN	NED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$	
	✓ HIRE AUT	D NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
								\$	
	UMB	RELLA LIAB / OCCUR		SI8EX01724-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,000,000	
	✓ EXC	ESS LIAB CLAIMS-MADE					AGGREGATE	\$\$5,000,000	
	DED	RETENTION \$						\$	
		COMPENSATION OYERS' LIABILITY					PER OTH- STATUTE ER		
	ANYPROPI	RIETOR/PARTNER/EXECUTIVE TIN	N/A				E.L. EACH ACCIDENT	\$	
	(Mandator	y in NH)					E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, desc DESCRIPT	cribe under TON OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	
В	Participa	ınt Accident Medical		UBH000005	9/1/2021	9/1/2022	\$100,000		
-									

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 & Michigan Youth Soccer League 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
UTICIA COMMUNITY SCHOOLS/ SHELBY JR. HIGH 51700 VAN DYKE SHELBY TOWNSHIP MI 48310	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
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.

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unis cerunicate does not conter	this certificate does not comer rights to the certificate holder in ned of such endorsement(s).					
PRODUCER USI Insurance Serv		CONTACT NAME:				
601 Union Street, Suite 1000			206-441-6300	FAX (A/C, No):		
Seattle, WA 98101		E-MAIL ADDRESS:				
			INSURER(S) AFFORDING CO	VERAGE	NAIC#	
		INSURER A : Eve	10120			
INSURED CLARA VALUE CONTROL	A	INSURER B: QBE Insurance Corporation 39217				
Michigan State Youth Soco 9401 General Drive, Suite	er Association 120	INSURER C :				
Plymouth MI 48170	INSURER D :					
		INSURER E :				
		INSURER F:				
COVERAGES	CERTIFICATE NUMBER: 63796644		REVIS	ION 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.

		JSIONS AND CONDITIONS OF SUCH I						
INSR LTR		TYPE OF INSURANCE	ADDL SU	JBR IVD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	1	COMMERCIAL GENERAL LIABILITY		SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
							MED EXP (Any one person)	\$ Excluded
							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		SI8GL01851-211	9/1/2021	9/1/2022	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		SI8EX01724-211	9/1/2021	9/1/2022	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 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	Part	ticipant Accident Medical		UBH000005	9/1/2021	9/1/2022	\$100,000	
		·						

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

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CERTIFICATE HOLDER	CANCELLATION
UTICIA COMMUNITY SCHOOLS/ SWITZER ELEMENTARY 53200 SHELBY ROAD SHELBY TOWNSHIP MI 48316	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)

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this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).							
PRODUCER USI Insurance Service	ces NW	CONTACT NAME:					
601 Union Street, Suite 1000		PHONE (A/C, No, Ext):	206-441-6300	FAX (A/C, No):			
Seattle, WA 98101		E-MAIL ADDRESS:					
			INSURER(S) AFFORDING COVERAGE	€	NAIC#		
		INSURER A : Ever	est National Insurance Compai	ny	10120		
INSURED		INSURER B: QBE Insurance Corporation 39217					
Michigan State Youth Socce 9401 General Drive, Suite 1	r Association 20	INSURER C:					
Plymouth MI 48170	20	INSURER D :					
		INSURER E :					
		INSURER F:					
COVERAGES	CERTIFICATE NUMBER: 63796645		REVISION N	UMBER:			
	DLICIES OF INSURANCE LISTED BELOW HA						
	ANY REQUIREMENT, TERM OR CONDITION R MAY PERTAIN. THE INSURANCE AFFORD						
CLIVIII IOMIL IVIMI DE 1000ED OF	WALLENTAIN, THE INSURANCE ALL ONE		OILO DEGONIDED HEIVEIN IO C	JODGEOT TO ALL	TIL ILIXIVIS,		

EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. POLICY EFF POLICY EXP (MM/DD/YYYY) ADDL SUBR TYPE OF INSURANCE POLICY NUMBER LTR INSD WVD **COMMERCIAL GENERAL LIABILITY** Α SI8GL01851-211 9/1/2021 9/1/2022 EACH OCCURRENCE DAMAGE TO RENTED \$\$1,000,000 CLAIMS-MADE ✓ OCCUR \$\$300,000 PREMISES (Ea occurrence) MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$\$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$\$5,000,000 PRO-JECT POLICY LOC PRODUCTS - COMP/OP AGG \$\$1,000,000 \$\$1,000,000 OTHER: Participant Legal Liabi COMBINED SINGLE LIMIT (Ea accident) Α **AUTOMOBILE LIABILITY** SI8GL01851-211 9/1/2021 9/1/2022 \$\$1,000,000 ANY AUTO BODILY INJURY (Per person) SCHEDULED AUTOS NON-OWNED OWNED AUTOS ONLY HIRED BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTOS ONLY **AUTOS ONLY** UMBRELLA LIAB SI8EX01724-211 9/1/2021 9/1/2022 / OCCUR EACH OCCURRENCE \$\$5,000,000 **EXCESS LIAB CLAIMS-MADE AGGREGATE** \$\$5,000,000 DED RETENTION \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? 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 UBH000005 9/1/2021 9/1/2022 Participant Accident Medical \$100,000

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

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CERTIFICATE HOLDER	CANCELLATION
UTICIA COMMUNITY SCHOOLS/ WEST UTICA ELEMENTAR 5415 WEST UTICA ROAD SHELBY TOWNSHIP MI 48317	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE Y 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) 9/9/2021

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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 USI Insurance Services NW	CONTACT NAME:					
601 Union Street, Suite 1000	PHONE (A/C, No, Ext): 206-441-6300 FAX (A/C, No):					
Seattle, WA 98101	E-MAIL ADDRESS:					
	INSURER(S) AFFORDING COVERAGE	NAIC#				
	INSURER A: Everest National Insurance Company	10120				
INSURED A	INSURER B: QBE Insurance Corporation	39217				
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:					
Plymouth MI 48170	INSURER D:					
,	INSURER E :					
	INSURER F:					
COVERAGES CERTIFICATE NUMBER: 63796646	REVISION NUMBER:					
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION	OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO V	WHICH THIS				
CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORD EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE		HE TERMS,				
INSR LTR TYPE OF INSURANCE ADDL SUBR INSD WVD POLICY NUMBER	POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS					
A COMMERCIAL GENERAL LIABILITY SI8GL01851-211	9/1/2021 9/1/2022 EACH OCCURRENCE \$\$1,00	00,000				
CLAIMS-MADE 🗸 OCCUR	DAMAGE TO RENTED PREMISES (Ea occurrence) \$\$300.	.000				

LTR		I TPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	<u> </u>
Α	/	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
								MED EXP (Any one person)	\$ Excluded
								PERSONAL & ADV INJURY	\$\$1,000,000
	GEI	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	AU1	OMOBILE LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	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			SI8EX01724-211	9/1/2021	9/1/2022	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)						E.L. DISEASE - EA EMPLOYEE	\$
		s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Par	ticipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000	

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

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CERTIFICATE HOLDER	CANCELLATION
Valley Lutheran High School 3560 McCarty Rd Saginaw MI 48603	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
	dary ratiosom



DATE (MM/DD/YYYY) 9/9/2021

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PRODUCER USI Insurance Services NW	CONTACT NAME:					
601 Union Street, Suite 1000	PHONE (A/C, No, Ext): 206-441-6300 FAX (A/C, No):					
Seattle, WA 98101	E-MAIL ADDRESS:					
	INSURER(S) AFFORDING COVERAGE	NAIC#				
	INSURER A: Everest National Insurance Company	10120				
INSURED	INSURER B: QBE Insurance Corporation	39217				
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:					
Plymouth MI 48170	INSURER D:					
,	INSURER E :					
	INSURER F:					
COVERAGES CERTIFICATE NUMBER: 63796647	REVISION NUMBER:					
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION	OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO V	WHICH THIS				
CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORD EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE		HE TERMS,				
INSR LTR TYPE OF INSURANCE ADDL SUBR INSD WVD POLICY NUMBER	POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS					
A COMMERCIAL GENERAL LIABILITY SI8GL01851-211	9/1/2021 9/1/2022 EACH OCCURRENCE \$\$1.00	00.000				
CLAIMS-MADE / OCCUR	DAMAGE TO RENTED PREMISES (Ea occurrence) \$\$300.	,				
	1112111020 (20 00001101100)					

LIK	R TIFE OF INSURANCE		INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS		
Α	/	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000	
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000	
								MED EXP (Any one person)	\$ Excluded	
								PERSONAL & ADV INJURY	\$\$1,000,000	
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$\$5,000,000	
		POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$\$1,000,000	
		OTHER:						Participant Legal Liabi	\$\$1,000,000	
Α	AU1	TOMOBILE LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	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			SI8EX01724-211	9/1/2021	9/1/2022	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 7/N	N/A					E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBEREXCLUDED? (Mandatory in NH)		117.7					E.L. DISEASE - EA EMPLOYEE	\$	
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
В	Par	ticipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000		

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

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CERTIFICATE HOLDER	CANCELLATION
Valley Lutheran High School 3560 McCarty Road Saginaw MI 48603	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) 9/9/2021

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If SUBROGATION IS WAIVED, subject to the terms and conditions of the this certificate does not confer rights to the certificate holder in lieu of s						he policy, certain policies may require an endorsement. A statement on such endorsement(s).						
_	DUCER USI Insurance Services N		-		CONTA		,-					
	601 Union Street, Suite 10				NAME: PHONE (A/C, No, Ext): 206-441-6300 (A/C, No):							
Seattle, WA 98101						(A/C, No, Ext): 206-441-6300 (A/C, No): E-MAIL ADDRESS:						
					ADDRE			NO. 100 / FD 105				
							. ,	DING COVERAGE		NAIC#		
INSL	DED							rance Company		10120		
	lichigan State Youth Soccer Ass	ocia	tion				surance Corp	oration		39217		
9	401 General Drive, Suite 120				INSURE							
P	lymouth MI 48170				INSURE							
					INSURE	RE:						
<u> </u>					INSURE	RF:						
				NUMBER: 63796648	<i></i>			REVISION NUMBER:	.= = = :			
IN C E	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RIERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT POLI	REME AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF ANY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPECT TO	TO V	WHICH THIS		
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3			
Α	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE DAMAGE TO RENTED	\$\$1,00	-,		
	CLAIMS-MADE ✓ OCCUR							PREMISES (Ea occurrence)	\$\$300			
								MED EXP (Any one person)	\$ Exclu			
								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	\$\$1,00			
<u> </u>	OTHER:			01001 01051 011		0/1/0001	0.14.100000	Participant Legal Liabi COMBINED SINGLE LIMIT	\$\$1,000,000			
Α	AUTOMOBILE LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	(Ea accident)	\$\$1,00	00,000		
	ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per person)	\$			
	AUTOS ONLY AUTOS							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$			
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							(Per accident)	\$			
									\$			
	UMBRELLA LIAB ✓ OCCUR			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,00	00,000		
	✓ EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$\$5,00	00,000		
	DED RETENTION \$							DED OTH	\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N							PER OTH- STATUTE ER				
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$			
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$			
L_	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$			
В	Participant Accident Medical			UBH000005		9/1/2021	9/1/2022	\$100,000				
<u> </u>												
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORD	TUT, Additional Remarks Schedu	ie, may be	e attached if more	e space is require	ea)				
	is certificate is issued on behalf of Mich											
l Ce	rtificate holder is Additional Insured as the state association. Waiver of Subrog	espe ation	cts th	e operations of the Named	Insure contra	d for sanction act	ed activities					
"	ine state accordance. Trainer of cusing	411011	арріі	oo mion roquirou by million	1 0011110							
<u></u>												
CE	RTIFICATE HOLDER			1	CANC	ELLATION						
Veterans Memorial Park 27325 Barkman Road Roseville MI 48066					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							

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Gary D. Putterson

AUTHORIZED REPRESENTATIVE

Gary Patterson



DATE (MM/DD/YYYY) 9/9/2021

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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).												
		R USI Insuranc			COIL	incate notaer in nea or st	CONTACT						
		601 Union St	reet Suite 10	v v IOO			NAME: PHONE (A/C, No, Ext): 206-441-6300 (A/C, No):						
		Seattle, WA 9					E-MAIL ADDRES	o, Ext): 2	206-441-6300	(A/C, No):			
							ADDRES						
										RDING COVERAGE		NAIC #	
										irance Company		10120	
INSU		igan State Youth	Socoar Asso	ociat	tion		INSURE	<mark>кв: QBE Ins</mark>	urance Corp	oration		39217	
94	401	General Drive,	Suite 120	Julai	liOii		INSURE	RC:					
P	lym	outh MI 48170					INSURE	RD:					
							INSURE	RE:					
							INSURE	RF:					
CO	VER	RAGES	CER	TIFIC	CATE	NUMBER: 63796649				REVISION NUMBER:			
IN CI EX	IDIC/ ERTI XCLU	ATED. NOTWITHST IFICATE MAY BE IS	ANDING ANY RESUED OR MAY I	QUIF PERT POLIC	REMEI AIN, CIES.	RANCE LISTED BELOW HAY NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF ANY	CONTRACT THE POLICIES REDUCED BY F	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPECT TO	CT TO V	WHICH THIS	
INSR LTR		TYPE OF INSUR	RANCE	INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S		
Α	1	COMMERCIAL GENER	AL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,00	00,000	
		CLAIMS-MADE	✓ OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300	,000	
										MED EXP (Any one person)	\$ Exclu	ıded	
										PERSONAL & ADV INJURY	\$\$1,00	00,000	
	GEN	N'L AGGREGATE LIMIT A	APPLIES PER:							GENERAL AGGREGATE	\$\$5,00	00,000	
		POLICY PRO- JECT	LOC							PRODUCTS - COMP/OP AGG	\$\$1,00	00,000	
		OTHER:								Participant Legal Liabi	\$\$1,00	00,000	
Α	AU1	TOMOBILE LIABILITY				SI8GL01851-211		9/1/2021	9/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,00	00,000	
		ANY AUTO								BODILY INJURY (Per person)	\$		
		OWNED AUTOS ONLY	SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
	/	HIRED AUTOS ONLY	NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
		AUTOUCINET	AOTOGONET							(i or decident)	\$		
		UMBRELLA LIAB	✓ OCCUR			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5.00	00.000	
	1	EXCESS LIAB	CLAIMS-MADE							AGGREGATE	\$\$5.00	,	
		DED RETENTION									\$.,	
		RKERS COMPENSATION								PER OTH- STATUTE ER	*		
		DEMPLOYERS' LIABILITY PROPRIETOR/PARTNER								E.L. EACH ACCIDENT	\$		
	OFF	ICER/MEMBEREXCLUDE ndatory in NH)		N/A						E.L. DISEASE - EA EMPLOYEE			
	If ye	s, describe under SCRIPTION OF OPERATION	ONS bolow							E.L. DISEASE - POLICY LIMIT	\$		
В		ticipant Accident Me				UBH000005		9/1/2021	9/1/2022	\$100,000	Ψ		
DES	CRIPT	TION OF OPERATIONS / I	LOCATIONS / VEHICL	LES (A	CORD	101, Additional Remarks Schedu	le, may be	attached if more	space is require	ed)			
Ce	This certificate is issued on behalf of Michigan State Youth Soccer Association & Michigan Youth Soccer League 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.												
CEI	RTIF	ICATE HOLDER					CANC	ELLATION					
2	509	lon Middle Scho Waldon Rd. Orion MI 4836					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
							AUTHO	RIZED REPRESEN	NTATIVE				

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Gary D. Putterson

Gary Patterson



DATE (MM/DD/YYYY)

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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 lieu of such endorsement(s).									
PRODUCER USI Insurance Services NW	CONTACT NAME:								
601 Union Street, Suite 1000	PHONE (A/C, No, Ext): 206-441-6300 (A/C, No):								
Seattle, WA 98101	E-MAIL ADDRESS:								
	INSURER(S) AFFORDING COVERAGE	NAIC#							
	INSURER A: Everest National Insurance Company	10120							
INSURED	INSURER B: QBE Insurance Corporation	39217							
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:								
Plymouth MI 48170	INSURER D :								
	INSURER E :								
	INSURER F:								
COVERAGES CERTIFICATE NUM	IBER: 63796650 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. POLICY EFF POLICY EXP (MM/DD/YYYY) INSR LTR ADDL SUBR TYPE OF INSURANCE POLICY NUMBER INSD WVD COMMERCIAL GENERAL LIABILITY Α SI8GL01851-211 9/1/2021 9/1/2022 EACH OCCURRENCE DAMAGE TO RENTED \$\$1,000,000 CLAIMS-MADE ✓ OCCUR \$\$300,000 PREMISES (Ea occurrence) MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$\$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$\$5,000,000 PRO-JECT POLICY PRODUCTS - COMP/OP AGG \$\$1,000,000 \$\$1,000,000 OTHER: Participant Legal Liabi COMBINED SINGLE LIMIT (Ea accident) Α **AUTOMOBILE LIABILITY** SI8GL01851-211 9/1/2021 9/1/2022 \$\$1,000,000 ANY AUTO BODILY INJURY (Per person) SCHEDULED AUTOS NON-OWNED OWNED AUTOS ONLY HIRED BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTOS ONLY **AUTOS ONLY** UMBRELLA LIAB SI8EX01724-211 9/1/2021 9/1/2022 / OCCUR EACH OCCURRENCE \$\$5,000,000 **EXCESS LIAB** CLAIMS-MADE **AGGREGATE** \$\$5,000,000 DED RETENTION \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? 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 UBH000005 9/1/2021 9/1/2022 Participant Accident Medical \$100,000

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 & Michigan Youth Soccer League 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
WALSH ELEMENTARY 39660 SPALDING DRIVE STERLING HEIGHTS MI 48313	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 ###################################



OTHER:

WORKERS COMPENSATION

AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED?

(Mandatory in NH)

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/9/2021

\$\$1,000,000

\$

\$

Participant Legal Liabi

STATUTE

E.L. EACH ACCIDENT

\$100,000

E.L. DISEASE - EA EMPLOYEE

E.L. DISEASE - POLICY LIMIT

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NO ADDITIONAL INCLIDED

lf	SUBROGATION IS WAIVED, subject is certificate does not confer rights to	to the	e ter	ms and conditions of th	e polic uch end	y, certain po dorsement(s	olicies may ı	•		
PROI	DUCER USI Insurance Services N	W			CONTAC NAME:	СТ				
	601 Union Street, Suite 10				PHONE (A/C. No	o. Ext):	206-441-6300	F	AX A/C, No):	
	Seattle, WA 98101				E-MAIL ADDRES	SS:				
						INS	URER(S) AFFOR	DING COVERAGE		NAIC#
					INSURE	RA: Everest	National Insu	rance Company		10120
INSU					INSURE	кв: QBE Ins	surance Corpo	oration		39217
M	ichigan State Youth Soccer Asso 101 General Drive, Suite 120	ociati	on		INSURE	RC:				
Pi	ymouth MI 48170				INSURE	RD:				
	,				INSURER E :					
					INSURE	RF:				
CO	/ERAGES CER	TIFIC	ATE	NUMBER: 63796651				REVISION NUMI	BER:	
IN CE E>	IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I ICLUSIONS AND CONDITIONS OF SUCH	QUIRE PERTA POLIC	EMEI AIN, IES.	NT, TERM OR CONDITION THE INSURANCE AFFORDS	OF AN'	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER DESCRIBED PAID CLAIMS.	DOCUMENT WITH	RESPECT T	O WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL S		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	
Α	✓ COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE		,000,000
	CLAIMS-MADE ✓ OCCUR							DAMAGE TO RENTED PREMISES (Ea occurr		300,000
								MED EXP (Any one pe	erson) \$Ex	cluded
								PERSONAL & ADV IN	JURY \$\$1	,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGA	TE \$5	5,000,000
	POLICY PRO- JECT LOC							PRODUCTS - COMP/0	OP AGG \$\$1	,000,000

COMBINED SINGLE LIMIT (Ea accident) **AUTOMOBILE LIABILITY** SI8GL01851-211 9/1/2021 9/1/2022 Α \$1,000,000 ANY AUTO BODILY INJURY (Per person) OWNED AUTOS ONLY HIRED SCHEDULED AUTOS NON-OWNED BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTOS ONLY **AUTOS ONLY UMBRELLA LIAB** SI8EX01724-211 9/1/2021 9/1/2022 / OCCUR EACH OCCURRENCE \$\$5,000,000 **EXCESS LIAB** CLAIMS-MADE AGGREGATE \$\$5,000,000 DED RETENTION \$

9/1/2021

9/1/2022

If yes, describe under DESCRIPTION OF OPERATIONS below UBH000005 Participant Accident Medical

N/A

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

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CERTIFICATE HOLDER	CANCELLATION
Warren Bank 30068 Schoenher Rd Warren MI 48088	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)

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this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).								
PRODUCER USI Insurance Services NW	CONTACT NAME:							
601 Union Street, Suite 1000 Seattle, WA 98101	PHONE (A/C, No, Ext): 206-441-6300 FAX (A/C, No):							
Seattle, WA 96101	E-MAIL ADDRESS:							
	INSURER(S) AFFORDING COVERAGE	NAIC#						
	INSURER A: Everest National Insurance Company	10120						
INSURED	INSURER B: QBE Insurance Corporation 39217							
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:							
Plymouth MI 48170	INSURER D:							
,	INSURER E :							
	INSURER F:							
COVERAGES CERTIFICATE NUMBER: 63796652	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								
I CERTIFICATE MAY BE ISSUED OR MAY PERTAIN THE INSURANCE AFFORD	ED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL T	HE LERMS !						

EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ADDL SUBR INSD WVD POLICY EFF POLICY EXP (MM/DD/YYYY) INSR LTR TYPE OF INSURANCE POLICY NUMBER COMMERCIAL GENERAL LIABILITY Α SI8GL01851-211 9/1/2021 9/1/2022 EACH OCCURRENCE DAMAGE TO RENTED \$\$1,000,000 CLAIMS-MADE ✓ OCCUR \$\$300,000 PREMISES (Ea occurrence) MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$\$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$\$5,000,000 PRO-JECT POLICY LOC PRODUCTS - COMP/OP AGG \$\$1,000,000 \$\$1,000,000 OTHER: Participant Legal Liabi COMBINED SINGLE LIMIT (Ea accident) Α **AUTOMOBILE LIABILITY** SI8GL01851-211 9/1/2021 9/1/2022 \$\$1,000,000 ANY AUTO BODILY INJURY (Per person) SCHEDULED AUTOS NON-OWNED OWNED AUTOS ONLY HIRED BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTOS ONLY **AUTOS ONLY** UMBRELLA LIAB SI8EX01724-211 9/1/2021 9/1/2022 / OCCUR EACH OCCURRENCE \$\$5,000,000 **EXCESS LIAB CLAIMS-MADE AGGREGATE** \$\$5,000,000 DED RETENTION \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? 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 UBH000005 9/1/2021 Participant Accident Medical 9/1/2022 \$100,000

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

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CERTIFICATE HOLDER	CANCELLATION
WARREN COMMUNITY CENTER 5460 ARDEN ROAD WARREN MI 48092	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. Patterson



DATE (MM/DD/YYYY) 9/9/2021

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

	UBROGATION IS WAIVED, subject certificate does not confer rights to							require an endo	orsement.	A sta	atement on
	JCER USI Insurance Services N		CONTA NAME:		•						
	601 Union Street, Suite 10	PHONE (A/C, No	o. Ext):	206-441-6300)	FAX (A/C. No):					
	Seattle, WA 98101				E-MAIL ADDRE				(, / -		
						INS	SURER(S) AFFOR	RDING COVERAGE			NAIC#
					INSURE	RA: Everest	National Insu	rance Company	•		10120
INSUR	==				INSURE	RB: QBE Ins	surance Corp	oration			39217
Mid	chigan State Youth Soccer Ass 01 General Drive, Suite 120	ocia	tion		INSURE	RC:					
Plv	mouth MI 48170				INSURER D:						
,					INSURER E :						
					INSURE	RF:					
COV	ERAGES CER	TIFIC	CATE	NUMBER: 63796653				REVISION NU	MBER:		
	S IS TO CERTIFY THAT THE POLICIES ICATED. NOTWITHSTANDING ANY RE										
	RTIFICATE MAY BE ISSUED OR MAY										
	CLUSIONS AND CONDITIONS OF SUCH				BEEN F	REDUCED BY	PAID CLAIMS.				,
INSR LTR	TYPE OF INSURANCE		SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	3	
Α	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	_	9/1/2021	9/1/2022	EACH OCCURRENCE		\$\$1,00	00,000
	CLAIMS-MADE ✓ OCCUR							DAMAGE TO RENT PREMISES (Ea occi		\$\$300	,000
								MED EXP (Any one	person)	\$ Exclu	ıded

PERSONAL & ADV INJURY \$\$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$\$5,000,000 PRO-JECT POLICY LOC PRODUCTS - COMP/OP AGG \$\$1,000,000 OTHER: Participant Legal Liabi \$\$1,000,000 COMBINED SINGLE LIMIT (Ea accident) Α **AUTOMOBILE LIABILITY** SI8GL01851-211 9/1/2021 9/1/2022 \$\$1,000,000 ANY AUTO BODILY INJURY (Per person) OWNED AUTOS ONLY HIRED SCHEDULED AUTOS NON-OWNED BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTOS ONLY **AUTOS ONLY** UMBRELLA LIAB SI8EX01724-211 9/1/2021 9/1/2022 / OCCUR EACH OCCURRENCE \$\$5,000,000 **EXCESS LIAB** CLAIMS-MADE AGGREGATE \$\$5,000,000 DED RETENTION \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? 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 UBH000005 9/1/2021 9/1/2022 Participant Accident Medical \$100,000

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 & Michigan Youth Soccer League 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
WARREN CON ADMINSTRATION BLDG/WARRN CON SCHO 31300 ANITA WARREN MI 48093	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE OF THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE South 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).

inis certificate does not confer ri	gnts to the certificate holder in fied of s	uch endorsement(s).					
PRODUCER USI Insurance Service	es NW	CONTACT NAME:					
601 Union Street, Suite 1000		PHONE (A/C, No, Ext): 206-441-6300 FAX (A/C, No):					
Seattle, WA 98101		E-MAIL ADDRESS:					
		INSURER(S) AFFORDING COVERAGE	NAIC#				
		INSURER A: Everest National Insurance Company	10120				
INSURED	A	INSURER B: QBE Insurance Corporation	39217				
Michigan State Youth Soccer 9401 General Drive, Suite 12	ASSOCIATION On	INSURER C:					
Plymouth MI 48170	_0	INSURER D:					
, , ,		INSURER E:					
		INSURER F:					
COVERAGES	CERTIFICATE NUMBER: 63796654	REVISION NUMBER:					
THIS IS TO CERTIFY THAT THE PO	LICIES OF INSURANCE LISTED BELOW HA	VE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICE	CY PERIOD				

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.

R ADDL SUBR POLICY EFF POLICY EXP							
TYPE OF INSURANCE	INSD WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S	
COMMERCIAL GENERAL LIABILITY		SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000	
CLAIMS-MADE ✓ OCCUR					PREMISES (Ea occurrence)	\$\$300,000	
					MED EXP (Any one person)	\$ Excluded	
					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		SI8GL01851-211	9/1/2021	9/1/2022	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		SI8EX01724-211	9/1/2021	9/1/2022	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	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	\$	
Participant Accident Medical		UBH000005	9/1/2021	9/1/2022	\$100,000		
	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY CLAIMS-MADE CCAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCY PRODUCY PRODUCY OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY AUTOS ONLY AUTOS ONLY UMBRELLA LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	TYPE OF INSURANCE TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- POLICY JECT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY WORKERS COMPENSATION \$ WORKERS COMPENSATION ANY PROPRIETOR/PARTNER/EXECUTIVE OMNED DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OMNETOR OCCUR CLAIMS-MADE V/N OCCUR CLAIMS-MADE N/A WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OMNIC Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY CLAIMS-MADE COUNTER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPOPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER REXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	TYPE OF INSURANCE ADDL SUBR POLICY NUMBER POLICY STATE COMMERCIAL GENERAL LIABILITY SI8GL01851-211 9/1/2021 CLAIMS-MADE	TYPE OF INSURANCE INSU WVD POLICY NUMBER (MM/DD)YYYY) COMMERCIAL GENERAL LIABILITY CLAIMS-MADE COCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROPORTION AUTO OWNED AUTOS ONLY AUTOS ON	TYPE OF INSURANCE ADDL SURP POLICY NUMBER POLICY EFF (MM/DD/YYY) (MM/DD/YYY) MM/DD/YYY) LIMIT COMMERCIAL GENERAL LIABILITY CALAIMS-MADE OCCUR CLAIMS-MADE OCCUR CALAIMS-MADE OCCUR CLAIMS-MADE OCCUR CALAIMS-MADE OCCUR	

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 & Michigan Youth Soccer League 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
Warren Consolidated Schools-Holden Elementary 37565 Calka Dr Sterling Heights MI 48310	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. Putturson
	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

Line certificate does not come	rights to the certificate holder in field of s	uch endorseme	πι(δ).			
PRODUCER USI Insurance Serv	vices NW	CONTACT NAME:				
601 Union Street, S	Suite 1000	PHONE (A/C, No. Ext): 206-441-6300 FAX (A/C, No):				
Seattle, WA 98101		E-MAIL ADDRESS:				
			INSURER(S) AFFORDING CO	VERAGE	NAIC#	
		INSURER A: Eve	10120			
INSURED CLARA VALUE COMMITTEE		INSURER B: QB	E Insurance Corporation		39217	
Michigan State Youth Soco 9401 General Drive, Suite	er Association 120	INSURER C :				
Plymouth MI 48170	120	INSURER D :				
		INSURER E :				
		INSURER F:				
COVERAGES	CERTIFICATE NUMBER: 63796655		REVIS	ION 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	COLOGICINO AND CONDITIONS OF SOCI	ADDLS			POLICY EFF	POLICY EXP		
LTR	TYPE OF INSURANCE	INSD \	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
Α	CLAIMS-MADE OCCUR			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,000,000 \$\$300.000
							MED EXP (Any one person)	\$ Excluded
							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			SI8GL01851-211	9/1/2021	9/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
	ANY AUTO						BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	✓ HIRED AUTOS ONLY ✓ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB ✓ OCCUR			SI8EX01724-211	9/1/2021	9/1/2022	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 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	Participant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000	

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 & Michigan Youth Soccer League 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
WARREN FITZGARALD SENIOR HIGH SCHOOL 23200 RYAN RD. WARREN MI 48091	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 Lang D. Patterson
	Gary Patterson



DATE (MM/DD/YYYY) 9/9/2021

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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 to the terms and conditions of t	ne policy, certain policies may require an endorsement. A sta	tement on		
th	is certificate does not confer rights to the certificate holder in lieu of s	uch endorsement(s).			
PROI	DUCER USI Insurance Services NW	CONTACT NAME:			
	601 Union Street, Suite 1000	PHONE (A/C, No, Ext): 206-441-6300 FAX (A/C, No):			
	Seattle, WA 98101	E-MAIL ADDRESS:			
		INSURER(S) AFFORDING COVERAGE	NAIC#		
		INSURER A: Everest National Insurance Company	10120		
INSU	·· ·	INSURER B: QBE Insurance Corporation	39217		
IVI 9/	lichigan State Youth Soccer Association 401 General Drive, Suite 120	INSURER C:			
Ď	lymouth MI 48170	INSURER D:			
		INSURER E:			
		INSURER F:			
CO	VERAGES CERTIFICATE NUMBER: 63796656	REVISION NUMBER:			
	HIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAIDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION				
	ERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORD				
	XCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE				
INSR LTR	TYPE OF INSURANCE ADDL SUBR INSURING WVD POLICY NUMBER	POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) LIMITS			
Α	COMMERCIAL GENERAL LIABILITY SI8GL01851-211	9/1/2021 9/1/2022 _{EACH OCCURRENCE} \$\$1.00	0.000		

LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	s
Α	1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
								MED EXP (Any one person)	\$ Excluded
								PERSONAL & ADV INJURY	\$\$1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$\$5,000,000
		POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$\$1,000,000
		OTHER:						Participant Legal Liabi	\$\$1,000,000
Α	AUT	TOMOBILE LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	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			SI8EX01724-211	9/1/2021	9/1/2022	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 ICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Mar	ndatory in NH)	1177					E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Par	ticipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000	

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

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CERTIFICATE HOLDER	CANCELLATION
Warren Woods Christian School 14000 Thirteen Mile Rd Warren MI 48088	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) 9/9/2021

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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 lieu of s	uch endorsement(s).					
PRODUCER USI Insurance Services NW	CONTACT NAME:					
601 Union Street, Suite 1000	PHONE (A/C, No, Ext): 206-441-6300 FAX (A/C, No):					
Seattle, WA 98101	E-MAIL ADDRESS:					
	INSURER(S) AFFORDING COVERAGE	NAIC#				
	INSURER A: Everest National Insurance Company	10120				
INSURED	INSURER B: QBE Insurance Corporation					
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:					
Plymouth MI 48170	INSURER D:					
	INSURER E :					
	INSURER F:					
COVERAGES CERTIFICATE NUMBER: 63796657	REVISION NUMBER:					
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA		-				
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORD						

EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. POLICY EFF POLICY EXP (MM/DD/YYYY) INSR LTR ADDL SUBR TYPE OF INSURANCE POLICY NUMBER LIMITS INSD WVD **COMMERCIAL GENERAL LIABILITY** Α SI8GI 01851-211 9/1/2021 9/1/2022 EACH OCCURRENCE DAMAGE TO RENTED \$\$1,000,000 CLAIMS-MADE / OCCUR \$\$300,000 PREMISES (Ea occurrence) MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$\$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$\$5,000,000 PRO-JECT POLICY LOC PRODUCTS - COMP/OP AGG \$\$1,000,000 \$\$1,000,000 OTHER: Participant Legal Liabi COMBINED SINGLE LIMIT (Ea accident) Α **AUTOMOBILE LIABILITY** SI8GL01851-211 9/1/2021 9/1/2022 \$\$1,000,000 ANY AUTO BODILY INJURY (Per person) SCHEDULED AUTOS NON-OWNED OWNED AUTOS ONLY HIRED BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTOS ONLY **AUTOS ONLY** UMBRELLA LIAB SI8EX01724-211 9/1/2021 9/1/2022 / OCCUR EACH OCCURRENCE \$\$5,000,000 **EXCESS LIAB** CLAIMS-MADE **AGGREGATE** \$\$5,000,000 DED RETENTION \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? 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 UBH000005 9/1/2021 9/1/2022 Participant Accident Medical \$100,000

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

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CERTIFICATE HOLDER	CANCELLATION
WASHINGTON ELEMENTARY 905 16TH STREET MARYSVILLE MI 48040	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 Serve 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.

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this certificate does not confer rights to the certificate holder in lieu of		atement on
PRODUCER USI Insurance Services NW	CONTACT NAME:	
601 Union Street, Suite 1000	PHONE (A/C, No, Ext): 206-441-6300 FAX (A/C, No):	
Seattle, WA 98101	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC#
	INSURER A: Everest National Insurance Company	10120
INSURED	INSURER B: QBE Insurance Corporation	39217
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:	
Plymouth MI 48170	INSURER D:	
	INSURER E :	
	INSURER F:	
COVERAGES CERTIFICATE NUMBER: 63796658	REVISION NUMBER:	
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAINDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION		
CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORI		
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVI		
INSR LTR TYPE OF INSURANCE ADDL SUBR INSD WVD POLICY NUMBER	POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS	

LTR				WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS		
Α	1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE DAMAGE TO RENTED	\$\$1,000,000	
		CLAIMS-MADE ✓ OCCUR						PREMISES (Ea occurrence)	\$\$300,000	
								MED EXP (Any one person)	\$ Excluded	
								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	ΑU	AUTOMOBILE LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	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			SI8EX01724-211	9/1/2021	9/1/2022	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	YPROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBEREXCLUDED? (Mandatory in NH)		117.74					E.L. DISEASE - EA EMPLOYEE	\$	
	If ye	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
В	Par	ticipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000		

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 & Michigan Youth Soccer League 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
WASHINGTON FIELDS 57900 VAN DYKE WASHINGTON TWP MI 48094	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)

\$\$1,000,000

\$\$1,000,000

\$

\$

Participant Legal Liabi COMBINED SINGLE LIMIT (Ea accident)

E.L. EACH ACCIDENT

\$100,000

E.L. DISEASE - EA EMPLOYEE

E.L. DISEASE - POLICY LIMIT

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 USI Insurance Services NW	CONTACT NAME:						
601 Union Street, Suite 1000	PHONE (A/C, No, Ext): 206-441-6300 FAX (A/C, No):						
Seattle, WA 98101	E-MAIL ADDRESS:						
	INSURER(S) AFFORDING COVERAGE	NAIC#					
	INSURER A: Everest National Insurance Company	10120					
INSURED	INSURER B: QBE Insurance Corporation	39217					
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:						
Plymouth MI 48170	INSURER D :						
,	INSURER E :						
	INSURER F:						
COVERAGES CERTIFICATE NUMBER: 63796659	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. POLICY EFF POLICY EXP (MM/DD/YYYY) ADDL SUBR TYPE OF INSURANCE POLICY NUMBER LIMITS LTR INSD WVD **COMMERCIAL GENERAL LIABILITY** Α SI8GL01851-211 9/1/2021 9/1/2022 EACH OCCURRENCE DAMAGE TO RENTED \$\$1,000,000 CLAIMS-MADE ✓ OCCUR \$\$300,000 PREMISES (Ea occurrence) MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$\$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$\$5,000,000 PRO-JECT POLICY LOC PRODUCTS - COMP/OP AGG \$\$1,000,000

ANY AUTO BODILY INJURY (Per person) SCHEDULED AUTOS NON-OWNED OWNED AUTOS ONLY HIRED BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTOS ONLY **AUTOS ONLY** UMBRELLA LIAB SI8EX01724-211 9/1/2021 9/1/2022 / OCCUR EACH OCCURRENCE \$\$5,000,000 **EXCESS LIAB CLAIMS-MADE AGGREGATE** \$\$5,000,000 DED RETENTION \$ WORKERS COMPENSATION STATUTE

9/1/2021

9/1/2021

9/1/2022

9/1/2022

ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below

AND EMPLOYERS' LIABILITY

Participant Accident Medical

OTHER:

AUTOMOBILE LIABILITY

Α

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

UBH000005

N/A

SI8GL01851-211

This certificate is issued on behalf of Michigan State Youth Soccer Association & Michigan Youth Soccer League 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				
Washtenaw Intermediate School District 1819 S. Wagner Rd Ann Arbor MI 48106	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				
	dary ratiosoff				



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.

ti	is c	ertificate does not confer rights to	o the				dorsement(s		equire an endorsement	. A 50		
PRODUCER USI Insurance Services NW						NAME:						
601 Union Street, Suite 1000 Seattle, WA 98101						(A/C, No, Ext): 206-441-6300 (A/C, No):						
						E-MAIL ADDRESS:						
							INS	SURER(S) AFFOI	RDING COVERAGE		NAIC#	
						INSURER A: Everest National Insurance Company				10120		
	RED		ooio	tion		INSURE	RB: QBE Ins	surance Corp	oration		39217	
Michigan State Youth Soccer Association 9401 General Drive, Suite 120						INSURER C:						
P	lym	outh MI 48170				INSURER D:						
					INSURER E :							
							INSURER F:					
					NUMBER: 63796660				REVISION NUMBER:			
		IS TO CERTIFY THAT THE POLICIES ATED. NOTWITHSTANDING ANY RE										
c	ERTI	IFICATE MAY BE ISSUED OR MAY I USIONS AND CONDITIONS OF SUCH	PERT	AIN,	THE INSURANCE AFFORD	ED BY	THE POLICIE	S DESCRIBE	D HEREIN IS SUBJECT TO			
INSR LTR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
A	1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1.00	00,000	
		CLAIMS-MADE ✓ OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$\$300,000			
									MED EXP (Any one person)			
									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	- ' '	00.000	
Α	AU1	TOMOBILE LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000			
	ANY AUTO								BODILY INJURY (Per person)) \$		
		OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
	/	AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
	Ť	AUTOS CINET							(i ci dooident)	\$		
		UMBRELLA LIAB ✓ OCCUR			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5.00	00,000	
	1	EXCESS LIAB CLAIMS-MADE							AGGREGATE	· ,	00,000	
		DED RETENTION \$								\$,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? (Mandatory in NH)								PER OTH- STATUTE ER	*	-	
								E.L. EACH ACCIDENT	\$			
			N/A						E.L. DISEASE - EA EMPLOYEE			
	If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - POLICY LIMIT \$			
В					UBH000005		9/1/2021	9/1/2022	\$100,000	*		
DES	CRIPT	TION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORD	101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requir	ed)			
		wificate is increased an balant of Michigan		01-1-	Va	0 14:-1-	V O					
This certificate is issued on behalf of Michigan State Youth Soccer Association & Michigan Youth Soccer League 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.												
CE	RTIF	FICATE HOLDER				CANO	ELLATION					
_\	lace	s Flementary School				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE						
Wass Elementary School 2340 Willard Road						THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						

Gary D. Pitterson Gary Patterson

AUTHORIZED REPRESENTATIVE

Trov MI 48085



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.

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this certificate does not confer rights to the certificate holder in li	lieu of such endorsement(s).	ement on
PRODUCER USI Insurance Services NW	CONTACT NAME:	
601 Union Street, Suite 1000	PHONE (A/C, No, Ext): 206-441-6300 FAX (A/C, No):	
Seattle, WA 98101	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC#
	INSURER A: Everest National Insurance Company	10120
INSURED	INSURER B: QBE Insurance Corporation	39217
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:	
Plymouth MI 48170	INSURER D:	
	INSURER E:	
	INSURER F:	
COVERAGES CERTIFICATE NUMBER: 6379	96661 REVISION NUMBER:	
	LOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLIC	
	NDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WI AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL TH	
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MA		ie reitivio,
INSR ADDL SUBR	POLICY EFF POLICY EXP	

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	1	1	SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
								MED EXP (Any one person)	\$ Excluded
								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
A	AUT	TOMOBILE LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	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			SI8EX01724-211	9/1/2021	9/1/2022	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 TO THE	N/A					E.L. EACH ACCIDENT	\$
	(Mar	ndatory in NH)	147.74					E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Par	ticipant Accident Medical	I		UBH000005	9/1/2021	9/1/2022	\$100,000	

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 & Michigan Youth Soccer League 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
Waterford Kettering High School 2800 Kettering Drive Waterford Twp MI 48329	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	Gary Patterson



DATE (MM/DD/YYYY) 9/9/2021

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this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).					
PRODUCER USI Insurance Services NW	CONTACT NAME:				
601 Union Street, Suite 1000	PHONE (A/C, No, Ext): 206-441-6300 FAX (A/C, No):				
Seattle, WA 98101	E-MAIL ADDRESS:				
	INSURER(S) AFFORDING COVERAGE	NAIC#			
	INSURER A: Everest National Insurance Company	10120			
INSURED	INSURER B: QBE Insurance Corporation	39217			
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:				
Plymouth MI 48170	INSURER D:				
•	INSURER E :				
	INSURER F:				
COVERAGES CERTIFICATE NUMBER: 63796662	REVISION NUMBER:				
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA		-			
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORI					

EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. POLICY EFF POLICY EXP (MM/DD/YYYY) ADDL SUBR TYPE OF INSURANCE POLICY NUMBER LTR INSD WVD **COMMERCIAL GENERAL LIABILITY** Α SI8GL01851-211 9/1/2021 9/1/2022 EACH OCCURRENCE DAMAGE TO RENTED \$\$1,000,000 CLAIMS-MADE ✓ OCCUR \$\$300,000 PREMISES (Ea occurrence) MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$\$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$\$5,000,000 PRO-JECT POLICY LOC PRODUCTS - COMP/OP AGG \$\$1,000,000 \$\$1,000,000 OTHER: Participant Legal Liabi COMBINED SINGLE LIMIT (Ea accident) Α **AUTOMOBILE LIABILITY** SI8GL01851-211 9/1/2021 9/1/2022 \$\$1,000,000 ANY AUTO BODILY INJURY (Per person) SCHEDULED AUTOS NON-OWNED OWNED AUTOS ONLY HIRED BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTOS ONLY **AUTOS ONLY** UMBRELLA LIAB SI8EX01724-211 9/1/2021 9/1/2022 / OCCUR EACH OCCURRENCE \$\$5,000,000 **EXCESS LIAB CLAIMS-MADE AGGREGATE** \$\$5,000,000 DED RETENTION \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? 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 UBH000005 9/1/2021 9/1/2022 Participant Accident Medical \$100,000

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 & Michigan Youth Soccer League 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
Waterford Kettering High School (Turf Field) 2800 Kettering Drive Waterford TWP MI 48329	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	Gary Patterson
	Gary Patterson



DATE (MM/DD/YYYY)

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this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).					
PRODUCER USI Insurance Services NW	CONTACT NAME:				
601 Union Street, Suite 1000	PHONE (A/C, No, Ext): 206-441-6300 FAX (A/C, No):				
Seattle, WA 98101	E-MAIL ADDRESS:				
	INSURER(S) AFFORDING COVERAGE	NAIC#			
	INSURER A: Everest National Insurance Company	10120			
INSURED	INSURER B: QBE Insurance Corporation	39217			
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:				
Plymouth MI 48170	INSURER D:				
•	INSURER E :				
	INSURER F:				
COVERAGES CERTIFICATE NUMBER: 63796663	REVISION NUMBER:				
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA		-			
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFOR		-			

EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. POLICY EFF POLICY EXP (MM/DD/YYYY) ADDL SUBR TYPE OF INSURANCE POLICY NUMBER LTR INSD WVD **COMMERCIAL GENERAL LIABILITY** Α SI8GL01851-211 9/1/2021 9/1/2022 EACH OCCURRENCE DAMAGE TO RENTED \$\$1,000,000 CLAIMS-MADE ✓ OCCUR \$\$300,000 PREMISES (Ea occurrence) MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$\$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$\$5,000,000 PRO-JECT POLICY LOC PRODUCTS - COMP/OP AGG \$\$1,000,000 \$\$1,000,000 OTHER: Participant Legal Liabi COMBINED SINGLE LIMIT (Ea accident) Α **AUTOMOBILE LIABILITY** SI8GL01851-211 9/1/2021 9/1/2022 \$\$1,000,000 ANY AUTO BODILY INJURY (Per person) SCHEDULED AUTOS NON-OWNED OWNED AUTOS ONLY HIRED BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTOS ONLY **AUTOS ONLY** UMBRELLA LIAB SI8EX01724-211 9/1/2021 9/1/2022 / OCCUR EACH OCCURRENCE \$\$5,000,000 **EXCESS LIAB CLAIMS-MADE AGGREGATE** \$\$5,000,000 DED RETENTION \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? 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 UBH000005 9/1/2021 9/1/2022 Participant Accident Medical \$100,000

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 & Michigan Youth Soccer League 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
Waterford Mott High School (Turf Field) 1151 Scott Lake Road Waterford TWP MI 48328	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 HOLLINGTON AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE
1	Gary Patterson



DATE (MM/DD/YYYY) 9/9/2021

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

	UBROGATION IS WAIVED, subject certificate does not confer rights to	to th	e ter	rms and conditions of th	ne polic	cy, certain po	olicies may ı		rsement.	A sta	itement on
PRODUCER USI Insurance Services NW					CONTACT NAME:						
	601 Union Street, Suite 10 Seattle, WA 98101	000			PHONE (A/C, No		206-441-6300		FAX (A/C, No):		
	Seattle, WA 90101				E-MAIL ADDRE	SS:					
						INS	SURER(S) AFFOR	DING COVERAGE			NAIC#
					INSURE	RA: Everest	National Insu	rance Company			10120
INSURE					INSURE	кв: QBE Ins	surance Corp	oration			39217
IVIIC	higan State Youth Soccer Asso 11 General Drive, Suite 120	ociat	ion		INSURE	RC:					
Plymouth MI 48170				INSURER D:							
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				INSURER E :							
					INSURE	RF:					
COVI	RAGES CER	TIFIC	ATE	NUMBER: 63796664				REVISION NUM	IBER:		
IND CEF EXC	S IS TO CERTIFY THAT THE POLICIES CATED. NOTWITHSTANDING ANY RE TIFICATE MAY BE ISSUED OR MAY I LUSIONS AND CONDITIONS OF SUCH	QUIR PERTA POLIC	EMEI AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIE	OR OTHER I	DOCUMENT WITH	RESPEC	T TO V	VHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSD		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS		
Α ,	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENC		\$\$1,00	0,000
	CLAIMS-MADE ✓ OCCUR							DAMAGE TO RENTE PREMISES (Ea occu		\$\$300,	000
								MED EXP (Any one p	person)	\$ Exclu	ded
								PERSONAL & ADV II	NJURY S	s \$1 00	0.000

Α	<	COMMERCIAL GENERAL LIABILITY		SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
							MED EXP (Any one person)	\$ Excluded
							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		SI8GL01851-211	9/1/2021	9/1/2022	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		SI8EX01724-211	9/1/2021	9/1/2022	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 Y / N	N/A				E.L. EACH ACCIDENT	\$
	(Mar	CER/MEMBEREXCLUDED? datory in NH)					E.L. DISEASE - EA EMPLOYEE	\$
		s, describe under CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
В	Part	icipant Accident Medical		UBH000005	9/1/2021	9/1/2022	\$100,000	

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 & Michigan Youth Soccer League 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
WATERFORD TOWNSHIP ROTARY PARK 5489 TUBBS ROAD	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
WATERFORD MI 48329	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 confer rights to the certificate holder in lieu of such endorsement(s).					
PRODUCER USI Insurance Service	es NW	CONTACT NAME:			
601 Union Street, Su		PHONE (A/C, No, Ext):	206-441-6300	FAX (A/C, No):	
Seattle, WA 98101		E-MAIL ADDRESS:		, , ,	
			INSURER(S) AFFORDING COVERAGE		NAIC#
		INSURER A : Eve	rest National Insurance Compar	ıy	10120
INSURED		INSURER B: QBE	Insurance Corporation		39217
Michigan State Youth Soccer 9401 General Drive, Suite 12	r Association	INSURER C :			
Plymouth MI 48170	20	INSURER D :			
		INSURER E :			
		INSURER F:			
COVERAGES	CERTIFICATE NUMBER: 63796665		REVISION NU	JMBER:	
	LICIES OF INSURANCE LISTED BELOW HA				
	ANY REQUIREMENT, TERM OR CONDITION MAY PERTAIN, THE INSURANCE AFFORD				
	SUCH POLICIES. LIMITS SHOWN MAY HAVE			ODULOT TO ALL	THE TERMO,

ADDL SUBR INSD WVD POLICY EFF POLICY EXP (MM/DD/YYYY) INSR LTR TYPE OF INSURANCE POLICY NUMBER Α **COMMERCIAL GENERAL LIABILITY** SI8GL01851-211 9/1/2021 9/1/2022 EACH OCCURRENCE DAMAGE TO RENTED \$\$1,000,000 CLAIMS-MADE ✓ OCCUR \$\$300,000 PREMISES (Ea occurrence) MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$\$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$\$5,000,000 PRO-JECT POLICY LOC PRODUCTS - COMP/OP AGG \$\$1,000,000 \$\$1,000,000 OTHER: Participant Legal Liabi COMBINED SINGLE LIMIT (Ea accident) Α **AUTOMOBILE LIABILITY** SI8GL01851-211 9/1/2021 9/1/2022 \$\$1,000,000 ANY AUTO BODILY INJURY (Per person) SCHEDULED AUTOS NON-OWNED OWNED AUTOS ONLY HIRED BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTOS ONLY **AUTOS ONLY** UMBRELLA LIAB SI8EX01724-211 9/1/2021 9/1/2022 / OCCUR EACH OCCURRENCE \$\$5,000,000 **EXCESS LIAB CLAIMS-MADE AGGREGATE** \$\$5,000,000 DED RETENTION \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? 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 UBH000005 9/1/2021 9/1/2022 Participant Accident Medical \$100,000

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 & Michigan Youth Soccer League 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.

WATERFORD TOWNSHIP WATERFORD CIVIC CENTER 5200 CIVIC CENTER DRIVE THE EXPIRATION DATE ACCORDANCE WITH THE P	OVE DESCRIBED POLICIES BE CANCELLED BEFORE THEREOF, NOTICE WILL BE DELIVERED IN POLICY PROVISIONS.
WATERFORD MI 48329 AUTHORIZED REPRESENTATIVE	
	Gary D. Putterson
Gary Patterson	



DATE (MM/DD/YYYY)

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this certificate does not confer rights to the certificate holder in field of such endorsement(s).										
PRODUCER USI Insurance Service	es NW	CONTACT NAME:								
601 Union Street, Suit	te 1000	PHONE (A/C, No, Ext):	206-441-6300	FAX (A/C, No):						
Seattle, WA 98101		E-MAIL ADDRESS:								
			INSURER(S) AFFORDING COV	/ERAGE	NAIC#					
		INSURER A : Eve	erest National Insurance C	ompany	10120					
INSURED CLARA VALUE CONTROL	av Aanasiatian	INSURER B: QB		39217						
Michigan State Youth Soccer 9401 General Drive, Suite 12	ASSOCIATION	INSURER C:								
Plymouth MI 48170	.0	INSURER D :								
,		INSURER E :								
		INSURER F:								
COVERAGES	CERTIFICATE NUMBER: 63796666		REVISION	ON NUMBER:						
THE 10 TO SERVE ! THE DOL	IOLEG OF MICHIPANICE LIGHTER RELOWALLA	VE BEEN JOOUE	TO THE INCHIDED MANE	D 400) (E E00 THE DO	LIOY DEDICE					

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		SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
							MED EXP (Any one person)	\$ Excluded
							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		SI8GL01851-211	9/1/2021	9/1/2022	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		SI8EX01724-211	9/1/2021	9/1/2022	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 TO THE	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	Par	ticipant Accident Medical		UBH000005	9/1/2021	9/1/2022	\$100,000	

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

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CERTIFICATE HOLDER	CANCELLATION
WAYNE WESTLAND COMMUNITY SCHOOL DISTRICT Soccer Fields 36455 MARQUETTE	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Westland MI 48185	AUTHORIZED REPRESENTATIVE
	Gary D. Putterson
	Gary Patterson



DATE (MM/DD/YYYY)

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	hts to the certificate holder in lieu of s			Journal A St	atomont on				
PRODUCER USI Insurance Services	s NW	CONTACT NAME:							
601 Union Street, Suite	e 1000	PHONE (A/C, No, Ext):							
Seattle, WA 98101		E-MAIL ADDRESS:							
			INSURER(S) AFFORDING COVERAGE		NAIC#				
		INSURER A: Ever	est National Insurance Company		10120				
INSURED	A i - 4i	INSURER B: QBE	Insurance Corporation		39217				
Michigan State Youth Soccer A 9401 General Drive, Suite 120	Association)	INSURER C:							
Plymouth MI 48170	,	INSURER D :							
•		INSURER E :							
		INSURER F:							
COVERAGES	CERTIFICATE NUMBER: 63796667		REVISION NU	MBER:					
INDICATED. NOTWITHSTANDING AN'	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		SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
							MED EXP (Any one person)	\$ Excluded
							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		SI8GL01851-211	9/1/2021	9/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
		ANY AUTO					BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	/	AUTOS ONLY NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
								\$
		UMBRELLA LIAB ✓ OCCUR		SI8EX01724-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,000,000
	1	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$\$5,000,000
		DED RETENTION \$						\$
		KERS COMPENSATION EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
		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	Part	icipant Accident Medical		UBH000005	9/1/2021	9/1/2022	\$100,000	

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

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CERTIFICATE HOLDER	CANCELLATION
WEST HILLS MIDDLE SCHOOL 2601 LONE PINE WEST BLOOMFIELD MI 48323	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
1	Gary Patterson



DATE (MM/DD/YYYY)

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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).

	JBROGATION IS WAIVED, subject certificate does not confer rights t				•	ay require an end	orsement	. A sta	tement on
PRODUC	CER USI Insurance Services N	W		CONTACT NAME:					
	601 Union Street, Suite 10	000		PHONE (A/C, No. Ext):	206-441-6	300	FAX (A/C, No):		
	Seattle, WA 98101			E-MAIL ADDRESS:					
					INSURER(S) AF	FORDING COVERAGE			NAIC#
				INSURER A : Eve	erest National I	nsurance Company	у		10120
INSURE	_			INSURER B : QB	E Insurance C	orporation			39217
	higan State Youth Soccer Ass 1 General Drive, Suite 120	ociation		INSURER C:					
Plyr	mouth MI 48170			INSURER D :					
				INSURER E :					
				INSURER F:					
COVE	RAGES CER	RTIFICATE	NUMBER: 63796668			REVISION NU	MBER:		
_	IS TO CERTIFY THAT THE POLICIES								
	CATED. NOTWITHSTANDING ANY RI TIFICATE MAY BE ISSUED OR MAY								
-	LUSIONS AND CONDITIONS OF SUCH	,						, , <u>.</u>	
INSR LTR	TYPE OF INSURANCE	ADDL SUBR		POLICY (MM/DD/Y	EFF POLICY EX		LIMIT	s	
Λ .	COMMERCIAL CENERAL LIABILITY		SIRCI 01951 211	0/1/202	0/1/2022				

LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
Α	1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
								MED EXP (Any one person)	\$ Excluded
								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			SI8GL01851-211	9/1/2021	9/1/2022	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			SI8EX01724-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,000,000
	✓	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$\$5,000,000
		DED RETENTION \$							\$
		KERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
		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	Part	icipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000	

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

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WEST HILLS MIDDLE SCHOOLS 2601 LONE PINE RD. WEST BLOOMFIELD MI 48323 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
	2601 LONE PINE RD.	THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN
AUTHORIZED REPRESENTATIVE		AUTHORIZED REPRESENTATIVE
Gary D. Patterson		Gary D. Patterson
Gary Patterson		Gary Patterson



DATE (MM/DD/YYYY)

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

						rms and conditions of th ificate holder in lieu of su				require an endorsement	. A sta	atement on
_		R USI Insurance S					CONTAC NAME:		<i>r</i> -			
		601 Union Stree	t, Suite 10				PHONE	\ Ev#\. '	206-441-6300	FAX (A/C No):		
		Seattle, WA 9810	01	-			E-MAIL	.,	_00-44 1-0000	(A/C, No):		
							ADDRE		NUDED(6) AFF65	DINC COVERACE		NAIC #
							INOUE			IDING COVERAGE		NAIC #
INSI	IRED									rance Company		10120
ΙM	lichi	gan State Youth So	occer Asso	ocia [.]	tion		INSURER B: QBE Insurance Corporation 3921					39217
9	401	General Drive, Su	ite 120				INSURE					
l P	lym	outh MI 48170					INSURE					
							INSURE					
<u> </u>							INSURE	RF:				
		AGES				NUMBER: 63796669	/E DEE	N IOOUED TO		REVISION NUMBER:	IE BOLL	IOV DEDICE
						RANCE LISTED BELOW HAV NT, TERM OR CONDITION						
	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	_				SUBR		BEEN F	POLICY EFF	PAID CLAIMS. POLICY EXP			
LTR		TYPE OF INSURANC	Œ		WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S	
A	1	COMMERCIAL GENERAL LI	IABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE DAMAGE TO RENTED	\$\$1,00	00,000
		CLAIMS-MADE ✓	OCCUR							PREMISES (Ea occurrence)	\$\$300,	,000
										MED EXP (Any one person)	\$ Exclu	ded
										PERSONAL & ADV INJURY	\$\$1,00	00,000
	GEN	I'L AGGREGATE LIMIT APPLI	IES PER:							GENERAL AGGREGATE	\$\$5,00	00,000
		POLICY PRO- JECT	LOC							PRODUCTS - COMP/OP AGG	\$\$1,00	00,000
		OTHER:								Participant Legal Liabi	\$\$1,00	00,000
Α	AUT	OMOBILE LIABILITY				SI8GL01851-211		9/1/2021	9/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,00	00,000
		ANY AUTO								BODILY INJURY (Per person)	\$	
		AUTOS ONLY AUT	HEDULED TOS							BODILY INJURY (Per accident)	\$	
	1	HIRED NO!	N-OWNED TOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
											\$	
		UMBRELLA LIAB	OCCUR			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,00	00,000
	1	EXCESS LIAB	CLAIMS-MADE							AGGREGATE	\$\$5,00	00,000
		DED RETENTION\$									\$,
		KERS COMPENSATION								PER OTH- STATUTE ER		
	ANYF	EMPLOYERS' LIABILITY PROPRIETOR/PARTNER/EXEC	CUTIVE Y/N							E.L. EACH ACCIDENT	\$	
		CER/MEMBEREXCLUDED?		N/A						E.L. DISEASE - EA EMPLOYEE	-	
	If ves	s, describe under CRIPTION OF OPERATIONS I	helow							E.L. DISEASE - POLICY LIMIT		
В	_	icipant Accident Medica				UBH000005		9/1/2021	9/1/2022	\$100,000	Ψ	
DES	CRIPT	ION OF OPERATIONS / LOCA	ATIONS / VEHICL	ES (A	CORD	101, Additional Remarks Schedul	le. mav be	e attached if mor	e space is require	ed)		
				·						,		
						Youth Soccer Association e operations of the Named						
						es when required by writter			eu activities			
L	DTIF	ICATE HOLDED					CANC	NELL ATION				
CE	KIIF	ICATE HOLDER				- I	CANC	ELLATION				
							SHO	ULD ANY OF	THE ABOVE D	ESCRIBED POLICIES BE CA	ANCELL	ED BEFORE
N	est	Maple Elementary Inkster	y School				THE	EXPIRATION	N DATE THE	REOF, NOTICE WILL E		
ı O	∠13	IIINSIEI					I ACC	URDANCE WI	IH IHE POLIC	Y PROVISIONS.		

Gary D. Patterson Gary Patterson © 1988-2015 ACORD CORPORATION. All rights reserved.

AUTHORIZED REPRESENTATIVE

Birmingham MI 48009



DATE (MM/DD/YYYY) 9/9/2021

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.

	SUBROGATION IS WAIVED, subject is certificate does not confer rights				•	•	•	require an endorsement	A statement or	n	
PROI	DUCER USI Insurance Services N	IW			CONTA NAME:	СТ					
	601 Union Street, Suite 1				PHONE (A/C, No		206-441-6300	FAX (A/C, No):			
	Seattle, WA 98101				E-MAIL ADDRE	SS:					
						INS	SURER(S) AFFOR	RDING COVERAGE	NAIC #		
					INSURE	RA: Everest	National Insu	rance Company	10120		
INSU					INSURE	RВ: QBE Ins	surance Corp	oration	39217		
Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth MI 48170						INSURER C:					
						INSURER D:					
	•				INSURER E :						
					INSURE	RF:					
CO	/ERAGES CE	RTIFIC	CATE	NUMBER: 63796670				REVISION NUMBER:			
	IIS IS TO CERTIFY THAT THE POLICIE DICATED. NOTWITHSTANDING ANY F										
_	ERTIFICATE MAY BE ISSUED OR MAY		,						ALL THE TERMS	; ,	
	CLUSIONS AND CONDITIONS OF SUCH		SUBR		BEEN F						
INSR LTR	TYPE OF INSURANCE		WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3		
Α	✓ COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022		\$\$1,000,000		
		1	1			I	I	DAMAGE TO RENTED			

LIN		=	III	44 A D	I OLIOT NOMBER				~
Α	/	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
								MED EXP (Any one person)	\$ Excluded
								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	AU1	OMOBILE LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	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			SI8EX01724-211	9/1/2021	9/1/2022	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)						E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Par	ticipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000	

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 & Michigan Youth Soccer League 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
WEST MIDDLE SCHOOL 500 OLD PERCH ROCHESTER HILLS 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. Putterson
	Gary Patterson



DATE (MM/DD/YYYY) 9/9/2021

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

		BROGATION IS WAIVED, subject ertificate does not confer rights to							require an endorsement	. A st	atement on
		R USI Insurance Services N		. 5511	ato noidor in ned of st	CONTAC		<i>,</i> ·			
		601 Union Street, Suite 10				NAME: PHONE		200 444 0000	FAX		
		Seattle, WA 98101				(A/C, No, Ext): 206-441-6300 (A/C, No): E-MAIL ADDRESS:					
						ADDITE		SURER(S) AFFOR	RDING COVERAGE		NAIC#
			INSURE	RA: Everest	National Insu	rance Company		10120			
	RED	gan State Vouth Cooper Appe		tion		INSURE	кв: QBE Ins	surance Corp	oration		39217
1V 9.	110111 401	gan State Youth Soccer Asso General Drive, Suite 120	JCIa	lion		INSURE	RC:				
P	lym	outh MI 48170				INSURE	RD:				
						INSURE	RE:				
<u> </u>						INSURE	RF:				
					E NUMBER: 63796671	/E DEE	N ISSUED TO		REVISION NUMBER:	JE DOI	ICV BEBIOD
IN C E	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			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,00	00,000
		CLAIMS-MADE ✓ OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300	,000
									MED EXP (Any one person)	\$ Exclu	ıded
									PERSONAL & ADV INJURY	\$\$1,00	00,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$\$5,000,000		
		POLICY FRO-	PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$\$1,00	· ·
_		OTHER:		01001 04054 044		0/4/0004	0/4/0000	Participant Legal Liabi	\$\$1,00		
A	AUT	OMOBILE LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	(Ea accident)	\$\$1,00	00,000
		ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per person)	\$	
		AUTOS ONLY AUTOS NON-OWNED							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$	
	/	AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
		UMBRELLA LIAB / OCCUP			SI8EX01724-211		9/1/2021	9/1/2022	EAGU COOURRENCE	-	20.000
	/	EXCESS LIAB OCCUR CLAIMS-MADE			0.02/01/21/211		0/1/2021	07 172022	EACH OCCURRENCE AGGREGATE	\$\$5,00 \$\$5.00	
		DED RETENTION \$							AGGREGATE	\$ \$5,00	00,000
		RKERS COMPENSATION							PER OTH-	Ψ	
	ANY	EMPLOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE Y / N							E.L. EACH ACCIDENT	\$	
		CER/MEMBEREXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE		
	If yes	s, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT		
В	Part	icipant Accident Medical			UBH000005		9/1/2021	9/1/2022	\$100,000		
DES	CRIPT	ION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	ACORD	101, Additional Remarks Schedul	le, may be	attached if mor	e space is requir	ed)		
Th	is ce	rtificate is issued on behalf of Michi	igan	State	Youth Soccer Association	& Michi	gan Youth So	ccer League			
Ce	rtific	ate holder is Additional Insured as retate association. Waiver of Subroga	espe	cts th	e operations of the Named	Insure	d for sanction				
"	uie s	late association. Waiver of Subroga	ation	applie	es when required by writter	i contra	.c.				
		704 TE 1101 DEE				0.000	FILATIO:				
CE	KIIF	ICATE HOLDER			1	CANC	ELLATION				
l						SHO	ULD ANY OF	THE ABOVE D	ESCRIBED POLICIES BE CA	ANCELL	.ED BEFORE

WHISPERING WOODS 11000 21 MILE RD. SHELBY TWP MI 48317 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) 9/9/2021

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lf	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).										
PRO	DUCE	R USI Insurance Services N	Ν			CONTAC NAME:					
	601 Union Street, Suite 1000					PHONE (A/C, No	, Ext): 2	206-441-6300	FAX (A/C, No):		
Seattle, WA 98101					E-MAIL ADDRES						
						INS	SURER(S) AFFOR	RDING COVERAGE		NAIC#	
					INSURE	RA: Everest	National Insu	rance Company		10120	
INSU						INSURE	кв: QBE Ins	surance Corp	oration		39217
M Q	ichi	gan State Youth Soccer Asso General Drive, Suite 120	ociat	ion		INSURE	RC:				
P	vm	outh MI 48170				INSURE	RD:				
-	,					INSURE	RE:				
						INSURE	RF:				
CO	/ER	AGES CER	TIFIC	CATE	NUMBER: 63796672				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.							WHICH THIS				
INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	/	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,00	00,000
		CLAIMS-MADE ✓ OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300	,000
									MED EXP (Any one person)	\$ Exclu	ıded
									PERSONAL & ADV INJURY	\$\$1,00	00,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$\$5,00	00,000
		POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$\$1,00	00,000
		OTHER:							Participant Legal Liabi	\$\$1,00	00,000
Α	AUT	OMOBILE LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,00	00,000
		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			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,00	00,000
	1	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$\$5,00	00,000
		DED RETENTION \$								\$	
		RKERS COMPENSATION EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$	

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

UBH000005

This certificate is issued on behalf of Michigan State Youth Soccer Association & Michigan Youth Soccer League 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
WILLIAMS TOWNSHIP PARK 1080 W. MIDLAND ROAD AUBURN MI 48611	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
1	Gary Patterson

9/1/2021

9/1/2022

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E.L. DISEASE - EA EMPLOYEE \$

E.L. DISEASE - POLICY LIMIT

\$100,000

(Mandatory in NH)

If yes, describe under DESCRIPTION OF OPERATIONS below

Participant Accident Medical



DATE (MM/DD/YYYY)

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	fer rights to the certificate holder in lieu of s		. , , ,	an endorsement. As	tatement on			
PRODUCER USI Insurance Se	ervices NW	CONTACT NAME:						
601 Union Street	, Suite 1000	PHONE (A/C, No, Ext):	PHONE FAX					
Seattle, WA 9810	⁷ 1	E-MAIL ADDRESS:						
			INSURER(S) AFFORDING CO	VERAGE	NAIC#			
		INSURER A : Eve	erest National Insurance C	Company	10120			
INSURED		INSURER B: QB	E Insurance Corporation		39217			
Michigan State Youth So 9401 General Drive, Suit	ccer Association	INSURER C:						
Plymouth MI 48170	.e 120	INSURER D :						
		INSURER E :						
		INSURER F:						
COVERAGES	CERTIFICATE NUMBER: 63796673		REVISI	ION NUMBER:				
	E POLICIES OF INSURANCE LISTED BELOW HA				-			
	NG ANY REQUIREMENT, TERM OR CONDITION O OR MAY PERTAIN. THE INSURANCE AFFORE							
EXCLUSIONS AND CONDITION	S OF SUCH POLICIES. LIMITS SHOWN MAY HAVE				,,			
INSR TYPE OF INSURANCE	ADDL SUBR	POLICY	EFF POLICY EXP	LIMITS				

INSR LTR		TYPE OF INSURANCE		SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	^	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
								MED EXP (Any one person)	\$ Excluded
								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			SI8GL01851-211	9/1/2021	9/1/2022	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 VON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB ✓ OCCUR			SI8EX01724-211	9/1/2021	9/1/2022	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							\$
В	Part	ticipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000	

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 & Michigan Youth Soccer League 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
WILLIAMS TOWNSHIP PARK 1080 W. MIDLAND ROAD AUBURN MI 48611	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) 9/9/2021

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	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 USI	Insurance Services N	W		CONTACT NAME:						
601	Union Street, Suite 10	PHONE (A/C. No. Ext):	:	206-441-6300)	FAX (A/C, No):				
Sea	ttle, WA 98101		E-MAIL ADDRESS:							
		INSURER(S) AFFORDING COVERAGE						NAIC#		
				INSURER A : E	verest	National Insu	rance Company	<u> </u>		10120
INSURED A				INSURER B: QBE Insurance Corporation 3921					39217	
Michigan S	tate Youth Soccer Ass ral Drive, Suite 120	ociation		INSURER C:						
Plymouth M	II 48170			INSURER D:						
,				INSURER E :						
				INSURER F:						
COVERAGES	CER	TIFICATE	NUMBER: 63796674				REVISION NUI	VIBER:		
	RTIFY THAT THE POLICIES									
	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.									
	AND CONDITIONS OF SUCH	,					5 11E1XE114 10 00	20201 10	, , , LL 1	ile i El Wio,
INSR LTR T	YPE OF INSURANCE	ADDL SUBR		POLIC (MM/DD		POLICY EXP (MM/DD/YYYY)		LIMIT	s	
A COMME	CIAL CENEDAL LIABILITY		CIOCI 01051 211	0/1/20	121	0/1/2022				

LTR	LTR TYPE OF INSURANCE		INSD WVD POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS		
Α	1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
								MED EXP (Any one person)	\$ Excluded
								PERSONAL & ADV INJURY	\$\$1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$\$5,000,000
		POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$\$1,000,000
		OTHER:						Participant Legal Liabi	\$\$1,000,000
Α	AUT	TOMOBILE LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	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			SI8EX01724-211	9/1/2021	9/1/2022	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 ICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Mar	ndatory in NH)	1177					E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Par	ticipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000	

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 & Michigan Youth Soccer League 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
WINSTAR SPORTS FIELDS 1200 FEATHERSTONE RD. Pontiac MI 48342	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 Fallerson



DATE (MM/DD/YYYY) 9/9/2021

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t have ADDITIONAL INCLIDED

If S	SUBROGATION IS WAIVED, subject s certificate does not confer rights	to th	ie tei	rms and conditions of th	e polic	cy, certain p	olicies may	•		
PROD	USI Insurance Services N	W			CONTACT NAME:					
	601 Union Street, Suite 10				PHONE (A/C, No	o, Ext):	206-441-6300	FAX (A/C, No):		
Seattle, WA 98101					E-MAIL ADDRE	SS:				
						INS	SURER(S) AFFOR	RDING COVERAGE		NAIC#
					INSURE	RA: Everest	National Insu	rance Company		10120
INSURED			INSURE	RB: QBE Ins	surance Corp	oration		39217		
Michigan State Youth Soccer Association 9401 General Drive, Suite 120			INSURE	RC:						
Pi	Plymouth MI 48170				INSURER D:					
,				INSURE	RE:					
					INSURE	RF:				
COV	ERAGES CEF	RTIFIC	ATE	NUMBER: 63796675		REVISION NUMBER:				
INI CE EX	S IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RI RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH	PERT POLIC	EME AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIE	OR OTHER I S DESCRIBEI	DOCUMENT WITH RESPE	CT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSD		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	✓ COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,00	00,000
	CLAIMS-MADE ✓ OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300	,000
								MED EXP (Any one person)	\$ Exclu	Jded
								PERSONAL & ADV INJURY	\$\$1,00	00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$\$5,00	00,000
	PRO-	1							- 04 00	00 000

POLICY JECT LOC PRODUCTS - COMP/OP AGG | \$\$1,000,000 \$\$1,000,000 Participant Legal Liabi OTHER: COMBINED SINGLE LIMIT (Ea accident) SI8GL01851-211 9/1/2021 9/1/2022 Α **AUTOMOBILE LIABILITY** \$1,000,000 ANY AUTO BODILY INJURY (Per person) OWNED AUTOS ONLY HIRED SCHEDULED AUTOS NON-OWNED BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTOS ONLY **AUTOS ONLY** UMBRELLA LIAB SI8EX01724-211 9/1/2021 9/1/2022 / OCCUR EACH OCCURRENCE \$\$5,000,000 **EXCESS LIAB** CLAIMS-MADE AGGREGATE \$\$5,000,000 DED RETENTION \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY

9/1/2021

9/1/2022

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

UBH000005

N/A

This certificate is issued on behalf of Michigan State Youth Soccer Association & Michigan Youth Soccer League 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
Wisner Stadium 441 Cesar E Chavez Avenue Pontiac MI 48342	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 ###################################

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E.L. EACH ACCIDENT

\$100,000

E.L. DISEASE - EA EMPLOYEE

E.L. DISEASE - POLICY LIMIT

\$

\$

ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED?

If yes, describe under DESCRIPTION OF OPERATIONS below

Participant Accident Medical

(Mandatory in NH)



DATE (MM/DD/YYYY)

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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).

	of the rights to the certificate holder in lieu of s		ie ali eliuoisellelli. A si	atement on			
PRODUCER USI Insurance S	<u> </u>	CONTACT NAME:					
601 Union Street	t, Suite 1000	PHONE (A/C, No. Ext): 206-441-6300	FAX (A/C, No):				
Seattle, WA 9810)1	E-MAIL ADDRESS:					
		INSURER(S) AFFORDING	COVERAGE	NAIC#			
		INSURER A: Everest National Insurance	e Company	10120			
INSURED	A	INSURER B: QBE Insurance Corporation 39217					
Michigan State Youth So 9401 General Drive, Sui	occer Association	INSURER C :					
Plymouth MI 48170	120	INSURER D :					
		INSURER E :					
		INSURER F:					
COVERAGES	CERTIFICATE NUMBER: 63796676	REV	ISION NUMBER:				
	HE POLICIES OF INSURANCE LISTED BELOW HA						
	ING ANY REQUIREMENT, TERM OR CONDITION D OR MAY PERTAIN. THE INSURANCE AFFORD						
EXCLUSIONS AND CONDITION	IS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE			,			
INSR	_ ADDL SUBR	POLICY EFF POLICY EXP					

INSR LTR	TYPE OF INSURANCE	ADDL SUBF		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS	 S
A	✓ COMMERCIAL GENERAL LIABILITY CLAIMS-MADE ✓ OCCUR		SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,000,000 \$\$300,000
						MED EXP (Any one person)	\$ Excluded
						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		SI8GL01851-211	9/1/2021	9/1/2022	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		SI8EX01724-211	9/1/2021	9/1/2022	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	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	Participant Accident Medical		UBH000005	9/1/2021	9/1/2022	\$100,000	

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

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CERTIFICATE HOLDER	CANCELLATION
WOODLAND PARK ACADEMY 2083 E. GRAND BLANC RD GRAND BLANC MI 48439	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 i anototi



DATE (MM/DD/YYYY) 9/9/2021

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lf	SUBROGATION IS WAIVED, subject to the terms and conditions of the	e policy, certain policies may require an endorsement. A sta	tement on				
th	nis certificate does not confer rights to the certificate holder in lieu of s	uch endorsement(s).					
PROI	DUCER USI Insurance Services NW	CONTACT NAME:					
	601 Union Street, Suite 1000	PHONE (A/C, No, Ext): 206-441-6300 FAX (A/C, No):					
	Seattle, WA 98101	E-MAIL ADDRESS:					
		INSURER(S) AFFORDING COVERAGE	NAIC#				
		INSURER A: Everest National Insurance Company	10120				
INSU	·· ·	INSURER B: QBE Insurance Corporation	39217				
IVI 92	lichigan State Youth Soccer Association 401 General Drive, Suite 120	INSURER C:					
Ď	lymouth MI 48170	INSURER D:					
		INSURER E:					
		INSURER F:					
CO	VERAGES CERTIFICATE NUMBER: 63796677	REVISION NUMBER:					
	HIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA IDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION						
	ERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORD						
	XCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE	BEEN REDUCED BY PAID CLAIMS.					
INSR LTR	TYPE OF INSURANCE ADDL SUBR INSD WVD POLICY NUMBER	POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS					
Α	COMMERCIAL GENERAL LIABILITY SI8GL01851-211	9/1/2021 9/1/2022 _{EACH OCCURRENCE} \$\$1.00	0.000				

LTR	LTR TYPE OF INSURANCE			WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
Α	<	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
								MED EXP (Any one person)	\$ Excluded
								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			SI8GL01851-211	9/1/2021	9/1/2022	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			SI8EX01724-211	9/1/2021	9/1/2022	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 Y / N	N/A					E.L. EACH ACCIDENT	\$
	(Man	CER/MEMBEREXCLUDED?	117.2					E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Pari	ticipant Accident Medical			UBH000005	9/1/2021	9/1/2022	\$100,000	

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

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CERTIFICATE HOLDER	CANCELLATION
WOODLAND PARK ACADEMY 2083 E. GRAND BLANC RD. GRAND BLANC MI 48439	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 Fautoroom



DATE (MM/DD/YYYY) 9/9/2021

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PRODUCER USI Insurance Services NW						ст	,, <u>,</u>			
	601 Union Street, Suite 10	000			NAME: PHONE (A/C, No, Ext): 206-441-6300 (A/C, No):					
	Seattle, WA 98101			E-MAIL ADDRE	o, Ext):	206-441-6300) (A/C, No):			
					ADDRE		SURFR(S) AFFOR	RDING COVERAGE		NAIC#
					INSURE			rance Company		10120
INSU							surance Corp			39217
M	ichigan State Youth Soccer Ass	ocia	tion		INSURE					
l B	101 General Drive, Suite 120 ymouth MI 48170				INSURE					
'	y				INSURE	RE:				
					INSURE	ERF:				
CO	/ERAGES CEF	RTIFIC	CATE	E NUMBER: 63796678				REVISION NUMBER:		
	IIS IS TO CERTIFY THAT THE POLICIES									
CI	DICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY (CLUSIONS AND CONDITIONS OF SUCH	PERT	AIN,	THE INSURANCE AFFORDI	ED BY	THE POLICIE	S DESCRIBE	D HEREIN IS SUBJECT TO		
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	✓ COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,00	00,000
	CLAIMS-MADE ✓ OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300	
								MED EXP (Any one person)	\$ Exclu	ded
								PERSONAL & ADV INJURY	\$\$1,00	00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$\$5,000,000	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$\$1,00	00,000
	OTHER:							Participant Legal Liabi	\$\$1,00	00,000
Α	AUTOMOBILE LIABILITY SI8GL01851-211			9/1/2021	9/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,00	00,000		
	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			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,00	00,000
	✓ EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$\$5,00	00,000
	DED RETENTION \$ WORKERS COMPENSATION							PER OTH	\$	
	AND EMPLOYERS' LIABILITY Y / N							PER OTH- STATUTE ER		
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE		
В	DÉSCRIPTION OF OPERATIONS below Participant Accident Medical			UBH000005		9/1/2021	9/1/2022	E.L. DISEASE - POLICY LIMIT \$100,000	\$	
	Tarticipant Accident Medical			05/1000003		3/1/2021	37172022	ψ100,000		
DES	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORE) 101. Additional Remarks Schedu	le. mav b	e attached if mo	re space is requir	ed)		
		·						,		
	s certificate is issued on behalf of Mich tificate holder is Additional Insured as									
	he state association. Waiver of Subrog									
CEI	RTIFICATE HOLDER				CANO	CELLATION				
ΙY	MCA							ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E		
5	219 W PIERSON RD.							Y PROVISIONS.		
l ⊏∣	LUSHING MI 48433				1					

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Gary D. Putterson

AUTHORIZED REPRESENTATIVE

Gary Patterson



DATE (MM/DD/YYYY) 9/9/2021

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	SUBROGATION IS WAIVED, subject is certificate does not confer rights t							equire an endorsement	. A st	atement on	
PRODUCER USI Insurance Services NW						CONTACT					
601 Union Street, Suite 1000						PHONE COO 444 COO FAX					
	Seattle, WA 98101				(A/C, No E-MAIL	,	206-441-6300	(A/C, No):			
					ADDRES						
								DING COVERAGE		NAIC#	
INSU	DED							rance Company		10120	
M	ichigan State Youth Soccer Asse	ociat	tion			кв: QBE Ins	urance Corp	oration		39217	
9,	401 General Drive, Suite 120 lymouth MI 48170				INSURE						
Г	lymouth wir 48170				INSURE						
					INSURE						
CO	VERAGES CER	TIFIC	CATE	NUMBER: 63796679	INCORE			REVISION NUMBER:			
IN CI EX	IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY ICLUSIONS AND CONDITIONS OF SUCH	OF I	INSUF REMEI	RANCE LISTED BELOW HAV NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF ANY	Y CONTRACT THE POLICIES REDUCED BY F	OR OTHER I S DESCRIBEI PAID CLAIMS.	OCUMENT WITH RESPEC	CT TO V	WHICH THIS	
INSR LTR	TYPE OF INSURANCE		WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)		LIMIT	S		
Α	COMMERCIAL GENERAL LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	EACH OCCURRENCE DAMAGE TO RENTED	\$\$1,00	00,000	
	CLAIMS-MADE ✓ OCCUR							PREMISES (Ea occurrence)	\$\$300	<i>'</i>	
								MED EXP (Any one person)	\$ Exclu		
								PERSONAL & ADV INJURY	\$\$1,00	<u> </u>	
	POLICY PRO- POLICY PRO- JECT LOC							GENERAL AGGREGATE	\$\$5,00	· · · · · · · · · · · · · · · · · · ·	
								PRODUCTS - COMP/OP AGG	\$\$1,00	<i>'</i>	
Α	OTHER: AUTOMOBILE LIABILITY			SI8GL01851-211		9/1/2021	9/1/2022	Participant Legal Liabi COMBINED SINGLE LIMIT	\$1,00 \$1,00		
,,	ANY AUTO			0.000.001.211		0, 1,202.	0/1/2022	(Ea accident) BODILY INJURY (Per person)	\$ \$1,00	00,000	
	OWNED SCHEDULED							BODILY INJURY (Per accident)	\$		
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE	\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
	UMBRELLA LIAB ✓ OCCUR			SI8EX01724-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$5,00	00 000	
	✓ EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$\$5.00	· ·	
	DED RETENTION \$								\$.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
	ANYPROPRIETOR/PARTNER/EXECUTIVE	N. / A						E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBEREXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
В	Participant Accident Medical			UBH000005		9/1/2021	9/1/2022	\$100,000			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedu	le, may be	attached if more	space is require	ed)			
This certificate is issued on behalf of Michigan State Youth Soccer Association & Michigan Youth Soccer League 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.											
CEI	RTIFICATE HOLDER				CANC	ELLATION					
ZIOLKOWSKI FIELD 5014 WALNUT CREEK DR. ANN ARBOR MI 48106					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
					I AUTHOI	RIZED REPRESEN	NIAIIVE				

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Gary D. Putterson

Gary Patterson



DATE (MM/DD/YYYY)

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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 i	ights to the certificate holder in fied of si		nı(s).			
PRODUCER USI Insurance Service	ces NW	CONTACT NAME:				
601 Union Street, Su	uite 1000	PHONE (A/C, No, Ext):	206-441-6300	FAX (A/C, No):		
Seattle, WA 98101		E-MAIL ADDRESS:				
			INSURER(S) AFFORDING CO	VERAGE	NAIC#	
		INSURER A : Eve	Company	10120		
INSURED		INSURER B: QBE Insurance Corporation 39217				
Michigan State Youth Socce 9401 General Drive, Suite 1	r Association 20	INSURER C :				
Plymouth MI 48170	120	INSURER D :				
		INSURER E :				
		INSURER F:				
COVERAGES	CERTIFICATE NUMBER: 63796680		REVISI	ON 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		SI8GL01851-211	9/1/2021	9/1/2022	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
							MED EXP (Any one person)	\$ Excluded
							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		SI8GL01851-211	9/1/2021	9/1/2022	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		SI8EX01724-211	9/1/2021	9/1/2022	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	N/A				E.L. EACH ACCIDENT	\$
	OFFICER/MEMBEREXCLUDED? (Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
В	Par	ticipant Accident Medical		UBH000005	9/1/2021	9/1/2022	\$100,000	

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 & Michigan Youth Soccer League 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
Zion Christian Church Foundation Zion Christian Church 3668 Livernois 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.
Troy MI 48083	AUTHORIZED REPRESENTATIVE
1	Gary Patterson