Ą	CORD [®] CERI	ΓIF	IC	ATE OF LI	ABIL	ITY IN	ISUR A	NCE		(MM/DD/YYYY) 2021		
C T	THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMATIV THIS CERTIFICATE OF INSURANC CEPRESENTATIVE OR PRODUCER, AN	ELY E D	OR N OES	NEGATIVELY AMEND, NOT CONSTITUTE	EXTEND (A CON	OR ALTER T	HE COVERA	GE AFFORDED BY THE	POLICI	ES BELOW.		
te	MPORTANT: If the certificate holder is erms and conditions of the policy, ce ertificate holder in lieu of such endors	ertair	n pol	icies may require an o								
	DUCER:			,	CONT	ACTNAME:	Chris Pesigan					
_	yer's Health Cover USA Inc.				PHONE (A/C, No, Ext): (314) 304-4894 FAX (A/C, No):							
	718 Washington Ave N. E-MAIL ADDRESS: chris@playershealth.com											
Minneapolis, MN 55401 INSURER(s) AFFORDING COVERAGE NAME												
1011					INSURE	10120						
INSU	RED				INSURER B : Great American Insurance Company					16691		
					INSURE	RC:						
Wes	tern Pennsylvania Youth Soccer				INSURE	RD:						
111	Whitehead Ln, #200				INSURE	RE:						
Mon	roeville, PA 15146				INSURE	RF:						
	VERAGES CER HIS IS TO CERTIFY THAT THE POLICIES	-	-	ENUMBER:				REVISION NUMBER:				
IN C	NDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I XCLUSIONS AND CONDITIONS OF SUCH	QUIR PERT POL	EME AIN,	NT, TERM OR CONDITION THE INSURANCE AFFO CLIMITS SHOWN MAY H	ON OF AN' ORDED BY IAVE BEEN	Y CONTRACT	OR OTHER I	DOCUMENT WITH RESP	ECT TO TO ALL	WHICH THIS		
A	GENERAL LIABILITY	X		SI8GL01870-21		9/1/2021	9/1/2022	EACH OCCURRENCE	\$ 1,00	0.000		
	X COMMERCIAL GENERAL LIABILITY			0.0020101021	•			DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,			
	X CLAIMS-MADE OCCUR							MED EXP (Any one person)	\$0			
	x Includes Participants							PERSONAL & ADV INJURY	\$ 1,00	0,000		
								GENERAL AGGREGATE	\$ 5,00	0,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	\$ 1,00	0,000		
	X POLICY PRO- JECT LOC							Participant Liability	\$ 1,00	0,000		
A	AUTOMOBILE LIABILITY			SI8GL01870-21	1	9/1/2021	9/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,00	0,000		
								BODILY INJURY (Per person)	\$			
	ALLOWNED AUTOS							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$			
	X HIRED AUTOS X NON-OWNED AUTOS							(Per accident)	\$			
A						9/1/2021	9/1/2022		\$			
Л				SI8EX01745-21	1	9/1/2021	9/1/2022	EACH OCCURRENCE	\$ 5,00			
	CLAINIS-MADE							AGGREGATE	\$ 5,00 \$	0,000		
	DED RETENTION \$											
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N							WC STATU- TORY LIMITS ER				
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$			
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$			
A	DESCRIPTION OF OPERATIONS below Abuse and Molestation				4	9/1/2021	9/1/2022	E.L. DISEASE - POLICY LIMIT Per Occurrence	\$	2 000		
				SI8GL01870-21	1			Per Aggregate	\$ 1,000 \$ 2,000			
в	Excess Accident			E426843		9/1/2021	9/1/2022	Per Accident	\$ 100,0			
Thi res	CRIPTION OF OPERATIONS/LOCATIONS/VEHICL s certificate is issued on behalf of We pects the operations of the Named Ins tificate valid only for activities sanction	stern surec	PA d for	Youth Soccer Associa sanctioned activities of	tion & Pin of the stat	e Richland e associatio	Soccer Club.					
					CANO		N					
UE	RTIFICATE HOLDER						BED POLICIES BE CANCE		FORE			
_ .							ISSUING INSURER WILL E					
	e Richland Soccer Club						RTIFICATE HOLDER NAM					
	< 121 Isonia, pennsylvania 15044			FAILURE 1	FO DO SO SH	ALL IMPOSE N	O OBLIGATION OR LIABI ESENTATIVES.					
JUD	ooma, pennsyivania 15044				AUTHORIZED REPRESENTATIVE SIGNATURE: Chris Pesigan							

CERTI THIS REPRI IMPOF terms certific PRODUCER: Player's 718 Wa	IFICATE DOE CERTIFICAT ESENTATIVE RTANT: If the and conditio	S NO E C OR cert	T AFFIRMATI				ABIL	. 1 1 4 1 1	NSURA	ANCE		(MM/DD/YYYY) /2021
terms certific PRODUCER: Player's 718 Wa	and conditio		PRODUCER, A	/ELY E D ND T	OR N OES HE C	OF INFORMATION ON NEGATIVELY AMEND, E NOT CONSTITUTE ERTIFICATE HOLDER.	EXTEND C A CON	DR ALTER T TRACT BE	HE COVERA TWEEN TH	GE AFFORDED BY TH E ISSUING INSURE	E POLICI R(S), AI	ES BELOW. UTHORIZED
Player's 718 Wa				ertair	n pol	TIONAL INSURED, the icies may require an er).						
718 Wa						,	CONT/	CTNAME:	Chris Pesigan			
718 Wa	Health Cove	er US	SA Inc.				PHONE (A/C. N	e No, Ext):	(314) 304-489	A FAX (A	/C, No):	
	shington Ave							ADDRESS:	chris@players			
	•						INSURER(S) AFFORDING COVERAGE					
Minneapolis, MN 55401							INSURER A : Everest Indemnity Insurance Company					10120
INSURED							INSURER B: Great American Insurance Company					16691
/estern P	Pennsylvania Yo	outh S	Soccer				INSURER	D:				
11 White	head Ln, #200						INSURER	ιE:				
Ionroevill	le, PA 15146						INSURER F :					
COVERA			<u> </u>			NUMBER:				REVISION NUMBER:		
INDICA CERTIF	TED. NOTWIT FICATE MAY B ISIONS AND CO	HSTA E IS ONDI	NDING ANY RE SUED OR MAY TIONS OF SUCH	EQUIR PERT I POL	EME AIN,	RANCE LISTED BELOW H NT, TERM OR CONDITIO THE INSURANCE AFFOR LIMITS SHOWN MAY HA	N OF ANY RDED BY AVE BEEN	CONTRACT	FOR OTHER ES DESCRIBE BY PAID CLAIN	DOCUMENT WITH RESF D HEREIN IS SUBJECT 1S.	ECT TO	WHICH THIS
	TYPE OF	NSUR	ANCE	INSR	WVD	POLICY NUMBER SI8GL01870-211		9/1/2021	9/1/2022		AITS	0.000
v	COMMERCIAL GE					510GL01070-211		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<i>y</i> , 1, 2022	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,00 \$ 300,	•
		1	OCCUR							MED EXP (Any one person)	\$ 0	000
X										PERSONAL & ADV INJURY	\$ 1,00	0 000
	mendaes i	ant								GENERAL AGGREGATE	\$ 5,00	
GEN	'L AGGREGATE LI	ΜΙΤ Δ	PPI IES PER							PRODUCTS - COMP/OP AGG	\$ 1,00	•
v		RO- CT	LOC							Participant Liability	\$ 1,00	-
	OMOBILE LIABILIT		200			SI8GL01870-211		9/1/2021	9/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,00	
	ANY AUTO					0100201070211				BODILY INJURY (Per person)	Ś	,
	ALL OWNED SCHEDULED AUTOS									BODILY INJURY (Per accident)	\$	
x									PROPERTY DAMAGE (Per accident)	\$		
			A0100								\$	
	UMBRELLA LIAB		X OCCUR			SI8EX01745-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$ 5,00	0,000
х	EXCESS LIAB		CLAIMS-MADE			0102/01/40-211				AGGREGATE	\$ 5,00	0,000
	DED RET	ENTIO	N\$								\$	
WOR	WORKERS COMPENSATION									WC STATU- TORY LIMITS EF	1-	
ANY I	PROPRIETOR/PAR	INER/E	EXECUTIVE							E.L. EACH ACCIDENT	\$	
OFFIC (Man	CER/MEMBER EXC Indatory in NH)	LUDED	1?	N / A						E.L. DISEASE - EA EMPLOYEE	\$	
İf yes	s, describe under CRIPTION OF OPE	RATIO	ONS below							E.L. DISEASE - POLICY LIMIT	\$	
	e and Molestation					SI8GL01870-211		9/1/2021	9/1/2022	Per Occurrence	\$ 1 00	0,000
					0/1/2021	0/1/2022	Per Aggregate	\$ 2,000				
P .	ss Accident					E426843		9/1/2021 if more space is	9/1/2022	Per Accident	γ 100,	000

Ą	CORD [®] CERT	٦IF	IC	ATE OF LI	ABIL	ITY IN	NSUR A	ANCE		(MM/DD/YYYY) /2021	
C T	HIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMATIV HIS CERTIFICATE OF INSURANC CEPRESENTATIVE OR PRODUCER, A	'ELY E D	OR N OES	NEGATIVELY AMEND, I NOT CONSTITUTE	EXTEND (A CON	OR ALTER T	HE COVERA	GE AFFORDED BY TH	E POLICI	IES BELOW.	
te	MPORTANT: If the certificate holder is erms and conditions of the policy, co ertificate holder in lieu of such endor	ertair	n pol	icies may require an e							
	DUCER:			,	CONT	ACTNAME:	Chris Pesigan			-	
	yer's Health Cover USA Inc.				PHON (A/C)	E No, Ext):	(314) 304-489	FAX (A	/C, No):		
718 Washington Ave N. E-MAIL ADDRESS: chris@playershealth.com											
	-						SURER(S) AFFORDIN			NAIC #	
Minneapolis, MN 55401						INSURERA: Everest Indemnity Insurance Company					
INSURED						INSURER B : Great American Insurance Company					
Wes	tern Pennsylvania Youth Soccer				INSURE						
					INSURE						
111	Whitehead Ln, #200				INSUREF						
Mon	roeville, PA 15146				INSUREF	ξF :					
<u> </u>	VERAGES CER	TIEIC	`^TE	ENUMBER:				REVISION NUMBER:			
	HIS IS TO CERTIFY THAT THE POLICIES				HAVE BEE	N ISSUED TO			THE POI	ICY PERIOD	
11	IDICATED. NOTWITHSTANDING ANY RE	QUIR	EME	NT, TERM OR CONDITIO	ON OF AN	Y CONTRACT	F OR OTHER I	DOCUMENT WITH RESP	ECT TO	WHICH THIS	
	ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH								TO ALL	THE TERMS,	
		ADDL	SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		NITS		
A	GENERAL LIABILITY	X		SI8GL01870-211		9/1/2021	9/1/2022	EACH OCCURRENCE	\$ 1,00	0.000	
				0100201070-21	1			DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,		
	X CLAIMS-MADE OCCUR							MED EXP (Any one person)	\$0		
	X Includes Participants							PERSONAL & ADV INJURY	\$ 1,00	0.000	
								GENERAL AGGREGATE	\$ 5,00		
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	\$ 1,00		
	X POLICY PRO- JECT LOC							Participant Liability	\$ 1,00		
A	AUTOMOBILE LIABILITY			SI8GL01870-211	1	9/1/2021	9/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,00		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
	X HIRED AUTOS X NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$		
									\$		
A	UMBRELLA LIAB X OCCUR			SI8EX01745-21	1	9/1/2021	9/1/2022	EACH OCCURRENCE	\$ 5,00	0,000	
	X EXCESS LIAB CLAIMS-MADE			01027017-5-21	1			AGGREGATE	\$ 5,00	0,000	
	DED RETENTION \$								\$		
	WORKERS COMPENSATION	1						WC STATU- TORY LIMITS ER			
	AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/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	\$		
A	Abuse and Molestation			SI8GL01870-211	1	9/1/2021	9/1/2022	Per Occurrence Per Aggregate	\$ 1,00 \$ 2,000	0,000 0,000	
В	Excess Accident			E426843		9/1/2021	9/1/2022	Per Accident	\$ 100,	000	
Thi res	CRIPTION OF OPERATIONS/LOCATIONS/VEHICI s certificate is issued on behalf of We pects the operations of the Named In tificate valid only for activities sancti	stern surec	PA d for	ACORD 101, Additional Remar Youth Soccer Associa sanctioned activities c	tion & Pin of the stat	if more space is e Richland e associatio	s required); Soccer Club.				
	RTIFICATE HOLDER				CANCELLATION						
								BED POLICIES BE CANCE	LLED BE	FORE	
Dichland Township & Decard of Courses incom								ISSUING INSURER WILL			
Richland Township & Board of Supervisors						ITTEN NOTIC	E TO THE CE	ERTIFICATE HOLDER NA	MED TO	THE LEFT, BU	
	11 Dickey Road Isonia, pennsylvania 15044		FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.								
JIL	sonia, pennsylvania 13044		AUTHORIZED REPRESENTATIVE SIGNATURE: Chris Pesigan								