		Client	#· 149	057		MELJ	IIF1			
	۸C		-			-		DATE (M	IM/DD/YYYY)	
			-	_					3/01/2018	
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES										
BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED										
REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.										
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must 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 MEL Underwriting Service Centr										
		r Strong & Buckelew			PHONE (A/C, No, Ext): FAX (A/C, No): 732-736-527				36-5274	
		nderwriting Unit			E-MAIL ADDRESS: MELUnderwritingSvcCntr@connerstrong.com					
-		e Center Executive Park			INSURER(S) AFFORDING COVERAGE				NAIC #	
		n, NJ 0805 3		INSURER A : TRICO Municipal JIF						
INSU	RED	Township of Washington		INSURER B : Municipal Ex	cess Liability JIF					
		523 Egg Harbor Road, PO	106	INSURER C :						
		Turnersville, NJ 08012		INSURER D :						
				F	INSURER E : INSURER F :					
CO	/ER	AGES CER	TIFICA	TE NUMBER:	INSURER F .		REVISION NUMBER:			
		S 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,									
E		ISIONS AND CONDITIONS OF SUCH	POLICI	IES. LIMITS SHOWN MAY HAVE	E BEEN REDUCED I	BY PAID CLAI				
INSR LTR		I TPE OF INSURANCE	ADDL SU	VD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LI	NITS		
Α	Х	COMMERCIAL GENERAL LIABILITY		TRI181001-91	01/01/2018	01/01/2019	EACH OCCURRENCE	\$500,	,000	
		CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
							MED EXP (Any one person)	\$		
	GEN	VIL AGGREGATE LIMIT APPLIES PER:					PERSONAL & ADV INJURY	\$		
	OLI	POLICY JECT LOC					GENERAL AGGREGATE PRODUCTS - COMP/OP AG			
		OTHER:						\$		
Α	AUT	TOMOBILE LIABILITY		TRI181001-91	01/01/2018	01/01/2019	COMBINED SINGLE LIMIT (Ea accident)	_{\$} 500,	000	
	Х	ANY AUTO					BODILY INJURY (Per persor) \$		
		ALL OWNED SCHEDULED AUTOS					BODILY INJURY (Per accide	nt) \$		
	Х	HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$		
								\$		
в		UMBRELLA LIAB X OCCUR		MEL01180187	01/01/2018	01/01/2019	EACH OCCURRENCE		0,000	
		EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$4,50	0,000	
Α	WOF	DED RETENTION \$ RKERS COMPENSATION		TRI181001-91	01/01/2018	01/01/2010	Y PER OI	\$ 'H-		
A	AND	PROPRIETOR/PARTNER/EXECUTIVE		181101001-91	01/01/2010	01/01/2019	STATUTE ÉF E.L. EACH ACCIDENT		0,000	
	OFFICER/MEMBER EXCLUDED? N / A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOY				
							0,000			
		TION OF OPERATIONS / LOCATIONS / VEHIC					ired)			
	CERITFICATE HOLDER CONT.: City of Atlantic City Risk Management Attn: Nancy Egrie									
Evi	Evidence of insurance with respects to the Washington Township Parks and Recreation Youth Baseball									
Program.										
	-									
CERTIFICATE HOLDER					CANCELLATION					

SJ Sand Sharks Surf & Turf **Baseball Classic** 1301 Bacharach Blvd Atlantic City, NJ 08401

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Trapus W. ' which Ð

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