Client#: 149057 MELJIF1

ACORD.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/27/2018

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).

	eu of such endorsement(s).	may require an endorsement. A si	tatement on this certificate o	ides not comer rigi	its to the		
PRODUCER Conner Strong & Buckelew MEL Underwriting Unit 40 Lake Center Executive Park Marlton , NJ 08053		140 400 = 1					
			PHONE (A/C, No, Ext): FAX (A/C, No): 732-				
		E-MAIL ADDRESS: MELI	E-MAIL ADDRESS: MELUnderwritingSvcCntr@connerstrong.com				
			INSURER(S) AFFORDING COVERAGE				
		INSURER A : TRICO	INSURER A: TRICO Municipal JIF				
Township of Washington 523 Egg Harbor Road, PO Box 1106 Turnersville, NJ 08012		INSURER B : Municip	INSURER B : Municipal Excess Liability JIF				
		INSURER C :	INSURER C:				
		INSURER D :	INSURER D:				
Turnersviii	e, NJ 08012	INSURER E :	INSURER E:				
		INSURER F:	INSURER F:				
COVERAGES	CERTIFICATE NUME	BER:	REVISION N	UMBER:			
INDICATED. NOTWITHS CERTIFICATE MAY BE	TANDING ANY REQUIREMENT, TER ISSUED OR MAY PERTAIN, THE IN	LISTED BELOW HAVE BEEN ISSUED M OR CONDITION OF ANY CONTRAC SURANCE AFFORDED BY THE POLIC S SHOWN MAY HAVE BEEN REDUCE	T OR OTHER DOCUMENT WITH	H RESPECT TO WHI	CH THIS		
INSR TYPE OF ING	ADDL SUBR	POLICY E	FF POLICY EXP	LIMITO			

INSR	TYPE OF INSURANCE	ADDL SUBI	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR		TRI191001-91		01/01/2020	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000 \$
	GEN'L AGGREGATE LIMIT APPLIES PER:					MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE	s s
	POLICY PRO- JECT LOC OTHER:					PRODUCTS - COMP/OP AGG	s s
A A	AUTOMOBILE LIABILITY		TRI191001-91	01/01/2019	01/01/2020	COMBINED SINGLE LIMIT (Ea accident)	\$500,000
	X ANY AUTO					BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	S
	X HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
							\$
В	UMBRELLA LIAB X OCCUR		MEL01190187	01/01/2019	01/01/2020	EACH OCCURRENCE	\$4,500,000
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$4,500,000
	DED RETENTION \$						S
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		TRI191001-91	01/01/2019	01/01/2020	X PER STATUTE OTH-	
	ANY PROPRIETOR/PARTNER/EXECUTIVE N	N/A				E.L. EACH ACCIDENT	\$2,000,000
	(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$2,000,000
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	s2,000,000
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHI	CLES (ACOR	D 101, Additional Remarks Schedule	, may be attached if mo	re space is requ	ired)	

Evidence of insurance with respects to the Washington Township Parks and Recreation Youth Baseball Program

CERTIFICATE HOLDER

CANCELLATION

Cooperstown All Star Village PO Box 670 Cooperstown, NY 13326 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

W. Whele Tragenard

© 1988-2014 ACORD CORPORATION. All rights reserved.