Client#: 149057 MELJIF1

ACORD.

CERTIFICATE OF LIABILITY INSURANCE

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).

CONTACT MEL Underwriting Service Centr			
PHONE FAX (A/C No.): 7	732-736-5274		
E-MAIL ADDRESS: MELUnderwritingSvcCntr@connerstrong.com			
INSURER(S) AFFORDING COVERAGE	NAIC#		
INSURER A : TRICO Municipal JIF			
INSURER B : Municipal Excess Liability JIF			
INSURER C:			
INSURER D:			
INSURER E:			
INSURER F:			
REVISION NUMBER:			
	E-MAIL ADDRESS: MELUnderwritingSvcCntr@connerstrong. INSURER(S) AFFORDING COVERAGE INSURER A: TRICO Municipal JIF INSURER B: Municipal Excess Liability JIF INSURER C: INSURER C: INSURER C: INSURER F:		

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 SUBFINSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	X COMMERCIAL GENERAL LIABILITY		TRI191001-91	01/01/2019	01/01/2020		\$500,000
	CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	s
	70.70.3 PO 163.5 (VALIDADE PO AR PO A					MED EXP (Any one person)	s
						PERSONAL & ADV INJURY	s
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$
	OTHER:						\$
Α	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 \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		TRI191001-91	'RI191001-91 01/01/2019 0	01/01/2020	X PER OTH-	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT	\$2,000,000
1	(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$2,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$2,000,000

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

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

CERTIFICATE HOLDER	CANCELLATION
GCIA/Clean Communities 503 Monroeville Road Swedesboro, NJ 08085	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Control Approximate Control of Approximate Americans	AUTHORIZED REPRESENTATIVE
T.	W. Milacl Tragenar

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