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).

PRODUCER	CONTACT MEL Underwriting Service Centr			
Conner Strong & Buckelew		X _{(C, No):} 732-736-5274		
MEL Underwriting Unit	E-MAIL ADDRESS: MELUnderwritingSvcCntr@connerstrong.com			
40 Lake Center Executive Park	INSURER(S) AFFORDING COVERAGE	NAIC#		
Marlton , NJ 08053	INSURER A: TRICO Municipal JIF			
Township of Washington 523 Egg Harbor Road, PO Box 1106 Turnersville, NJ 08012	INSURER B : Municipal Excess Liability JIF			
	INSURER C:			
	INSURER D:			
	INSURER E:			
	INSURER F:			
COVERAGES CERTIFICATE NUMBER:	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.

A X	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR		TRI191001-91	POLICY EFF (MM/DD/YYYY) 01/01/2019	COMPANIES AND ADDRESS OF THE PARTY OF THE PA	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$500,000
GF	CLAIMS-MADE A OCCUR						
GF						MED EXP (Any one person)	s
GE						PERSONAL & ADV INJURY	S
-	EN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$
	OTHER:						\$
A AU	X ANY AUTO ALL OWNED AUTOS X HIRED AUTOS X HIRED AUTOS X HIRED AUTOS X AUTOS X HIRED AUTOS X A	TRI191001-91 01/01/2019	01/01/2020	COMBINED SINGLE LIMIT (Ea accident)	\$500,000		
X				BODILY INJURY (Per person)	\$		
						BODILY INJURY (Per accident)	\$
Х						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 \$						\$
	DRKERS COMPENSATION D EMPLOYERS' LIABILITY Y / N	7	TRI191001-91	01/01/2019	01/01/2020	X PER STATUTE OTH-	
	Y PROPRIETOR/PARTNER/EXECUTIVE N					E.L. EACH ACCIDENT	\$2,000,000
(Ma	andatory in NH) es, describe under					E.L. DISEASE - EA EMPLOYEE	\$2,000,000
DES	SCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$2,000,000

CERTIFICATE HOLDER CANCELLATION

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

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.
AUTHORIZED REPRESENTATIVE
W. Molace Tragenous

© 1988-2014 ACORD CORPORATION. All rights reserved.