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).

certificate holder in lieu of such endorsement(s).				
PRODUCER	CONTACT MEL Underwriting Service Centr			
Conner Strong & Buckelew	PHONE (A/C, No, Ext): FAX (A/C, No): 73	32-736-5274		
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			
INSURED	INSURER B : Municipal Excess Liability JIF			
Township of Washington	INSURER C:			
523 Egg Harbor Road, PO Box 1106	INSURER D:			
Turnersville, NJ 08012	INSURER E:			
	INSURER F:			
COVERAGES CERTIFICATE NUMBER:	REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BE	LOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE P	OLICY PERIOD		

C	IDICATE ERTIFIC	TO CERTIFY THAT THE POLICIES ED. NOTWITHSTANDING ANY RE CATE MAY BE ISSUED OR MAY F ONS AND CONDITIONS OF SUCH	QUIREMEN PERTAIN, T	T, TERM OR CONDITION OF AN THE INSURANCE AFFORDED BY	Y CONTRACT O	R OTHER DO	CUMENT WITH RESPECT HEREIN IS SUBJECT TO A	TO WHICH THIS
INSR		TYPE OF INSURANCE	ADDL SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
Α		OMMERCIAL GENERAL LIABILITY		TRI191001-91		01/01/2020	EACH OCCURRENCE	s500,000
		CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	s
		A reconstruction reconstruction and a CPL 1.					MED EXP (Any one person)	s
							PERSONAL & ADV INJURY	\$
	GEN'L	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$
	P	OLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	s
	0	THER:						S
Α	AUTON	MOBILE LIABILITY		TRI191001-91	01/01/2019	01/01/2020	COMBINED SINGLE LIMIT (Ea accident)	s500,000
	XA	NY AUTO					BODILY INJURY (Per person)	\$
		LL OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	Х	HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	s
		No.						s
В	U	MBRELLA LIAB X OCCUR		MEL01190187	01/01/2019	01/01/2020	EACH OCCURRENCE	\$4,500,000
	E	XCESS LIAB CLAIMS-MADE					AGGREGATE	s4,500,000
	D	ED RETENTION \$						s
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		TRI191001-91	01/01/2019	01/01/2020	X PER OTH-	
	ANY PROPRIETOR/PARTNER/EXECUTIVE N OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A				E.L. EACH ACCIDENT	\$2,000,000
							E.L. DISEASE - EA EMPLOYEE	\$2,000,000
		lescribe under					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
MS Tournament PO Box 592 Maple Shade, NJ 08052	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
-1	W. Melack Tragenack

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