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).

CONTACT MEL Underwriting Service Centr			
PHONE FAX 722			
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:			
	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 C:		

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.

NSR TR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S			
Α	X COMMERCIAL GENERAL LIABILITY		TRI191001-91	01/01/2019	01/01/2020	EACH OCCURRENCE	\$500,000			
	CLAIMS-MADE X OCCUR								DAMAGE TO RENTED PREMISES (Ea occurrence)	S
						MED EXP (Any one person)	\$			
						PERSONAL & ADV INJURY	\$			
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$			
	POLICY JECT LOC					PRODUCTS - COMP/OP AGG	\$			
	OTHER:					COMBINED SINGLE LIMIT	\$			
Α	AUTOMOBILE LIABILITY		TRI191001-91	01/01/2019		(Ea accident)	_{\$} 500,000			
	X ANY AUTO SCHEDULED					BODILY INJURY (Per person)	\$			
	AUTOS AUTOS					BODILY INJURY (Per accident) PROPERTY DAMAGE	04-71			
	X HIRED AUTOS X NON-OWNED AUTOS					(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 \$		President representation of the con-			lara lary	\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N		TRI191001-91	01/01/2019	01/01/2020	X PER STATUTE OTH-				
	ANY PROPRIETOR/PARTNER/EXECUTIVE		TNER/EXECUTIVE TO THE TOTAL TO			E.L. EACH ACCIDENT	\$2,000,000			
	(Mandatory in NH) If yes, describe under	3-001200				E.L. DISEASE - EA EMPLOYEE	\$2,000,000			
	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			
Mays Landing Baseball 140 Old Egg Harbor Road Mays Landing, NJ 08330	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
inaye Landing, No cocco	AUTHORIZED REPRESENTATIVE			
	W. Molace Trageral			

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