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).

PRODUCER	CONTACT MEL Underwriting Service Centr	CONTACT MEL Underwriting Service Centr				
Conner Strong & Buckelew	PHONE (A/C, No, Ext): FAX (A/C, No): 73	2-736-5274				
MEL Underwriting Unit 40 Lake Center Executive Park						
	INSURER(S) AFFORDING COVERAGE	NAIC#				
Marlton, NJ 08053	INSURER A: TRICO Municipal JIF					
SURED	INSURER B : Municipal Excess Liability JIF					
Township of Washington	INSURER C:					
523 Egg Harbor Road, PO Box 1106 Turnersville, NJ 08012	INSURER D:					
Turnersville, NJ 00012	INSURER E:					
	INSURER F:					
COVERAGES CERTIFICATE NUMBER	BER: REVISION NUMBER:					
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TER	ELISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE PORM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO ISURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL TS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.	WHICH THIS				

INSR	TYPE OF INSURANCE	ADDL:	SUBR WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
A	X COMMERCIAL GENERAL LIABILITY			TRI191001-91			EACH OCCURRENCE	\$500,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:	1 1					GENERAL AGGREGATE	S
	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)	\$
	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	01/01/2019	01/01/2020	X PER STATUTE ER OTH-	
	(Mandatory in NH)	N/A					E.L. EACH ACCIDENT	\$2,000,000
							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)								

CERTIFICATE HOLDER	CANCELLATION				
Millville Babe Ruth 12 South High Street Millville, NJ 08332	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				
Ť.	W. Melace Tragenar				

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