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                  |             |  |  |  |
|--|---|-------------|--|--|--|
| Conner Strong & Buckelew                                   |   | 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 Township of Washington                             | INSURER B : Municipal Excess Liability JIF              |             |  |  |  |
|  | INSURER C:  |             |  |  |  |
| 523 Egg Harbor Road, PO Box 1106<br>Turnersville, NJ 08012 | 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.

| INSR<br>LTR  | TYPE OF INSURANCE   | ADDL SUB    | POLICY NUMBER   | POLICY EFF<br>(MM/DD/YYYY) | POLICY EXP<br>(MM/DD/YYYY) | LIMIT  | s           |
|--|---|-------------|---|----------------------------|----------------------------|--|-------------|
| Α  | X COMMERCIAL GENERAL LIABILITY                            |             | TRI191001-91  |                            |                            | EACH OCCURRENCE                              | s 500,000   |
|  | CLAIMS-MADE X OCCUR                                       |             | PARTICIPATION OF THE PROPERTY |                            |                            | DAMAGE TO RENTED<br>PREMISES (Ea occurrence) | \$          |
|  |   |             |   |                            |                            | MED EXP (Any one person)                     | \$          |
|  |   |             |   |                            |                            | PERSONAL & ADV INJURY                        | \$          |
|  | GEN'L AGGREGATE LIMIT APPLIES PER:                        |             |   |                            |                            | GENERAL AGGREGATE                            | \$          |
|  | POLICY PRO-<br>JECT LOC                                   |             |   |                            |                            | PRODUCTS - COMP/OP AGG                       | \$          |
|  | OTHER:  |             |   |                            | r                          |  | \$          |
| 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<br>(Per accident)            | \$          |
|  |   |             |   |                            |                            |  | \$          |
| В  | UMBRELLA LIAB X OCCUR                                     |             | MEL01190187   | 01/01/2019                 | 01/01/2020                 | EACH OCCURRENCE                              | \$4,500,000 |
|  | EXCESS LIAB CLAIMS-MADE                                   | CLAIMS-MADE |   |                            |                            | AGGREGATE                                    | \$4,500,000 |
|  | DED RETENTION \$  |             |   |                            |                            |  | s           |
|  | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY             |             | TRI191001-91  | 01/01/2019                 | 01/01/2020                 | X PER STATUTE OTH-                           |             |
|  | ANY PROPRIETOR/PARTNER/EXECUTIVE N                        | N/A         |   |                            |                            | E.L. EACH ACCIDENT                           | s2,000,000  |
|  | (Mandatory in NH)   |             |   |                            |                            | E.L. DISEASE - EA EMPLOYEE                   | s2,000,000  |
|  | If yes, describe under<br>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) |   |             |   |                            |                            |  |             |

CERITFICATE HOLDER CONT.: City of Atlantic City Risk Management Attn: Nancy Egrie

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

| CERTIFICATE HOLDER | CANCELLATION |
|--------------------|--------------|
|                    |              |

SJ Sand Sharks Surf & Turf Baseball Classic 1301 Bacharach Blvd Atlantic City, NJ 08401 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. Milack Tragenant

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