

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/26/2018

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)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | such endorsement(s).                    | olicie         | s ma        | y require an endorsement. | A statement on                            | this certificate o                | loes not confer rights to ti                | ne certificate noider |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------|-------------|---------------------------|-------------------------------------------|-----------------------------------|---------------------------------------------|-----------------------|
| PRODUCER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Pullen Insurance Se                     | ervio          | es.         | Inc.                      | CONTACT NAME: Sports Division             |                                   |                                             |                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2560 River Park Pl                      |                | ,           |                           | PHONE: (817) 738-6100 FAX: (817) 738-2993 |                                   |                                             |                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Fort Worth, TX 76                       |                |             |                           | E-MAIL ADDRESS: contact@pullenins.com     |                                   |                                             |                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | , , , , , , , , , , , , , , , , , , , , |                |             |                           | PRODUCER CUSTOMER ID#: CAN                |                                   |                                             |                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                         |                |             |                           | INSURERS A                                | NAIC #                            |                                             |                       |
| INSURED California Youth Soccer Association, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                         |                |             |                           | Insurer A: Scottsdale Indemnity Company   |                                   |                                             | 15580                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1040 Serpentine Lane                    |                |             |                           | Insurer B: N                              | ational Casualty                  | 11991                                       |                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Pleasanton, CA 94566                    |                |             |                           | Insurer C:                                |                                   |                                             |                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ,                                       |                |             |                           | Insurer D:                                |                                   |                                             |                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                         |                |             |                           | Insurer E:                                |                                   |                                             |                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                         |                |             |                           | Insurer F:                                |                                   |                                             |                       |
| COVERAGES CERTIFICATE NUMBER: 18124320 REVISION NUMBER: 0                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                         |                |             |                           |                                           |                                   |                                             | 0                     |
| 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                       | ADD'L<br>INSRD | SUBR<br>WVD | POLICY NUMBER             | POLICY EFFECTIVE<br>DATE (MM/DD/YY)       | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS                                      |                       |
| A GENE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | RAL LIABILITY                           | X              |             | KRI 7179200               | 1/1/2018                                  | 1/1/2019                          | EACH OCCURRENCE                             | \$1,000,000           |
| X co                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | DMMERCIAL GENERAL LIABILITY             |                |             |                           |                                           |                                   | DAMAGE TO RENTED<br>PREMISES (Ea occurance) | \$1,000,000           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | CLAIMS MADE Y OCCUR                     |                |             |                           |                                           |                                   | MED EVD (Any one norman)                    | \$5,000               |

| INSR<br>LTR | TYPE OF INSURANCE                                                                                     | ADD'L<br>INSRD | SUBR<br>WVD | POLICY NUMBER | POLICY EFFECTIVE<br>DATE (MM/DD/YY) | POLICY EXPIRATION<br>DATE (MM/DD/YY) | LIMITS                                      |             |
|-------------|-------------------------------------------------------------------------------------------------------|----------------|-------------|---------------|-------------------------------------|--------------------------------------|---------------------------------------------|-------------|
| A           | GENERAL LIABILITY                                                                                     | X              |             | KRI 7179200   | 1/1/2018                            | 1/1/2019                             | EACH OCCURRENCE                             | \$1,000,000 |
|             | X COMMERCIAL GENERAL LIABILITY                                                                        |                |             |               |                                     |                                      | DAMAGE TO RENTED<br>PREMISES (Ea occurance) | \$1,000,000 |
|             | CLAIMS MADE X OCCUR                                                                                   |                |             |               |                                     |                                      | MED EXP (Any one person)                    | \$5,000     |
|             |                                                                                                       |                |             |               |                                     |                                      | PERSONAL & ADV INJURY                       | \$1,000,000 |
|             |                                                                                                       |                |             |               |                                     |                                      | GENERAL AGGREGATE                           | UNLIMITED   |
|             | GEN'L AGGREGATE LIMIT APPLIES PER:                                                                    |                |             |               |                                     |                                      | PRODUCTS - COMP/OP AGG                      | \$1,000,000 |
|             | POLICY PROJECT LOC                                                                                    |                |             |               |                                     |                                      | PARTICIPANT LEGAL LIABILITY                 | \$1,000,000 |
| A           | AUTOMOBILE LIABILITY ANY AUTO                                                                         |                |             | KKI 7183200   | 1/1/2018                            | 1/1/2019                             | COMBINED SINGLE LIMIT (Ea accident)         | \$1,000,000 |
|             | <del></del>                                                                                           |                |             |               |                                     |                                      | BODILY INJURY (Per person)                  |             |
|             | ALL OWNED AUTOS                                                                                       |                |             |               |                                     |                                      | BODILY INJURY (Per accident)                |             |
|             | X HIRED AUTOS                                                                                         |                |             |               |                                     |                                      | PROPERTY DAMAGE<br>(Per accident)           |             |
|             | X NON-OWNED AUTOS                                                                                     |                |             |               |                                     |                                      |                                             |             |
| В           | UMBRELLA LIAB X OCCUR                                                                                 |                |             | XKO 7179300   | 1/1/2018                            | 1/1/2019                             | EACH OCCURRENCE                             | \$1,000,000 |
|             | X EXCESS LIAB CLAIMS-MADE                                                                             |                |             |               |                                     |                                      | AGGREGATE                                   | \$1,000,000 |
|             | DEDUCTIBLE                                                                                            |                |             |               |                                     |                                      |                                             |             |
|             | RETENTION \$                                                                                          |                |             |               |                                     |                                      |                                             |             |
|             | WORKERS COMPENSATION                                                                                  |                |             |               |                                     |                                      | WC STATU-<br>TORY LIMITS OTH-<br>ER         |             |
|             | AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) |                |             |               |                                     |                                      | E. L. EACH ACCIDENT                         |             |
|             |                                                                                                       |                |             |               |                                     |                                      | E. L. DISEASE - EA EMPLOYEE                 |             |
|             | If yes, describe under                                                                                |                |             |               |                                     |                                      | E. L. DISEASE - POLICY LIMIT                |             |
|             |                                                                                                       |                |             |               |                                     |                                      |                                             |             |
|             |                                                                                                       |                |             |               |                                     |                                      |                                             |             |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

This certificate is issued on behalf of California Youth Soccer Association, Inc. & Sacramento YSL. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. The general liability policy includes coverage for sexual abuse/molestation claims at limits of \$1,000,000 per occurrence/\$2,000,000 aggregate.

| CERTIFICATE HOLDER                                         | CANCELLATION                                                                                                                                                   |
|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CITY OF WOODLAND<br>300 FIRST STREET<br>WOODLAND, CA 95696 | 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 Satik Pull                                                                                                                           |