

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 liquid of such and expenses (a)

| in neu of such endorsement(s). | | | | | | |
|--------------------------------|--|---|--------|--|--|--|
| PRODUCER | Pullen Insurance Services, Inc. | CONTACT NAME: Sports Division | | | | |
| | 2560 River Park Plaza, Suite 300 | PHONE: (817) 738-6100 FAX: (817) 738-2993 | | | | |
| | Fort Worth, TX 76116 | E-MAIL ADDRESS: contact@pullenins.com | | | | |
| | | PRODUCER CUSTOMER ID#: CAN | | | | |
| | | INSURERS AFFORDING COVERAGE | NAIC # | | | |
| INSURED | California Youth Soccer Association, Inc. | Insurer A: Scottsdale Indemnity Company | 15580 | | | |
| | 1040 Serpentine Lane, Suite 206 | Insurer B: National Casualty Company 1199 | | | | |
| | Pleasanton, CA 94566 | Insurer C: | | | | |
| | , | Insurer D: | | | | |
| | | Insurer E: | | | | |
| | | Insurer F: | | | | |
| COVER | AGES CERTIFICATE NUMBER: 1812432 | 23 REVISION NUMBER: (|) | | | |
| | CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA | | | | | |

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 LTR | TYPE OF INSURANCE | ADD'L INSRD | SUBR WVD | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS | |
|----------------------------------|---|----------------|-------------|---------------|-------------------------------------|--------------------------------------|---|-------------|
| | GENERAL LIABILITY | X | | KRI 7179200 | 1/1/2018 | 1/1/2019 | EACH OCCURRENCE | \$1,000,000 |
| | X COMMERCIAL GENERAL LIABILITY | | | | | | DAMAGE TO RENTED 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 |
| | ALL OWNED AUTOS | | | | | | BODILY INJURY (Per person) | |
| | SCHEDULED AUTOS | | | | | | BODILY INJURY (Per accident) | |
| | X HIRED AUTOS | | | | | | PROPERTY DAMAGE (Per accident) | |
| | X NON-OWNED AUTOS | | | | | | | |
| | <u> </u> | | | | | | | |
| 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 AND EMPLOYERS' LIABILITY Y/N | | | | | | WC STATU- TORY LIMITS OTH- ER | |
| ANY PROPRIETOR/PARTNER/EXECUTIVE | | N/A | | | | | E. L. EACH ACCIDENT | |
| | OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | | | | | | 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 |
|---|--|
| PIONEER HIGH SCHOOL 1400 PIONEER AVE WOODLAND, CA 95695 | 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 Rull |