# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/23/2019

**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 | K&K Insurance Group, Inc.<br>301 Commerce St #2370<br>Fort Worth, TX 76102 |
| CONTACT NAME: | Sports Division |
| PHONE: | (800) 441-3994 FAX: |
| E-MAIL ADDRESS: | |
| INSURED | Illinois Youth Soccer Association<br>1655 S. Arlington Heights Rd., Suite 201<br>Arlington Heights, IL 60005 |

| INSURERS AFFORDING COVERAGE | NAIC # |
|---|---|
| Insurer A: Scottsdale Insurance Company | 41297 |
| Insurer B: Nationwide Life Insurance Company | 66869 |
| Insurer C: | |
| Insurer D: | |
| Insurer E: | |
| Insurer F: | |

**COVERAGES** **CERTIFICATE NUMBER:** 19126741 **REVISION NUMBER:** 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 LTR | TYPE OF INSURANCE | ADD'L INSRD | SUBR WVD | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS | |
|---|---|---|---|---|---|---|---|---|
| A | **GENERAL LIABILITY** | X | | KKS-81061-00 | 9/1/2019 | 9/1/2020 | 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** | | | KKS-81061-00 | 9/1/2019 | 9/1/2020 | COMBINED SINGLE LIMIT (Ea accident) | $1,000,000 |
| | [ ] ANY AUTO | | | | | | BODILY INJURY (Per person) | |
| | [ ] ALL OWNED AUTOS | | | | | | BODILY INJURY (Per accident) | |
| | [ ] SCHEDULED AUTOS | | | | | | PROPERTY DAMAGE (Per accident) | |
| | [X] HIRED AUTOS | | | | | | | |
| | [X] NON-OWNED AUTOS | | | | | | | |
| | [ ] | | | | | | | |
| A | [ ] **UMBRELLA LIAB** [X] OCCUR | | | XKS-81063-00 | 9/1/2019 | 9/1/2020 | EACH OCCURRENCE | $5,000,000 |
| | [X] **EXCESS LIAB** [ ] CLAIMS-MADE | | | | | | AGGREGATE | $5,000,000 |
| | [ ] DEDUCTIBLE | | | | | | | |
| | [ ] RETENTION $ | | | | | | | |
| | **WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** Y/N | | | | | | [ ] WC STATU-TORY LIMITS [ ] OTH-ER | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)** | N/A | | | | | E. L. EACH ACCIDENT | |
| | If yes, describe under | | | | | | E. L. DISEASE - EA EMPLOYEE | |
| | | | | | | | E. L. DISEASE - POLICY LIMIT | |
| B | PARTICIPANT ACCIDENT MEDICAL | | | BAX-308848-00 | 9/1/2019 | 9/1/2020 | | $100,000 |

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

This certificate is issued on behalf of Illinois Youth Soccer Association & BELLE CLAIR SOCCER LEAGUE. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

**CERTIFICATE HOLDER**

Mascoutah School District #19
421 W. Harnett Street
Mascoutah, IL 62258

**CANCELLATION**

**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

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