

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
7/05/2018

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).

<b>PRODUCER</b> <b>ESP INSURANCE BROKERAGE LLC</b> 306 Main Street Worcester, MA 01608	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): -      FAX (A/C, No): E-MAIL ADDRESS:													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A : Houston Casualty Company</td> <td></td> </tr> <tr> <td>INSURER B : AIG Insurance</td> <td>19380</td> </tr> <tr> <td>INSURER C : Philadelphia Indemnity Insurance Co.</td> <td>18058</td> </tr> <tr> <td>INSURER D : Great American Ins Co. (IL)</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Houston Casualty Company		INSURER B : AIG Insurance	19380	INSURER C : Philadelphia Indemnity Insurance Co.	18058	INSURER D : Great American Ins Co. (IL)		INSURER E :		INSURER F :
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<b>INSURED</b> <b>YOUTH FOOTBALL &amp; CHEER FEDERATION</b> 12514 MAY LAUREL DR Houston, TX 77014														

**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 LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>A</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>		<b>187008660</b>	<b>07/01/2018</b>	<b>07/01/2019</b>	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>300,000</b> MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b> \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
<b>B</b>	<b>A&amp;H</b>			<b>SRG0009133720</b>	<b>07/01/2018</b>	<b>07/01/2019</b>	<b>SEE REMARKS</b>
<b>C</b>	<b>COACHES A&amp;H</b>			<b>PHPA014735</b>	<b>07/01/2018</b>	<b>07/01/2019</b>	<b>SEE REMARKS</b>
<b>D</b>	<b>D&amp;O</b>			<b>EPP4918991</b>	<b>07/01/2018</b>	<b>07/01/2019</b>	<b>SEE REMARKS</b>

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

**THE CERTIFICATE HOLDER is added as an additional insured with respects to general liability coverage but only with respect to liability arising out of the operations of the named insureds league.**  
**Sexual Abuse / Molestation limits are as follows: \$1,000,000 EACH OCCURRENCE / \$2,000,000 AGGREGATE**  
**THIS POLICY DOES NOT EXCLUDE CONCUSSIONS**

(See Attached Descriptions)

<b>CERTIFICATE HOLDER</b> LaPorte Independent School District 1002 San Jacinto Street La Porte, TX 77571	<b>CANCELLATION</b> 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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## DESCRIPTIONS (Continued from Page 1)

### YOUTH PARTICIPANTS ACCIDENT & HEALTH COVERAGE

Accidental Death, Accidental Dismemberment (AD&D) Benefit: \$10,000 Maximum amount  
Accident Medical Expense Benefit: \$250,000  
Deductible: \$250 per accident  
Dental Maximum: \$250 per tooth/per accident  
Incurral Period: within 90 days of the date of the accident causing the Injury  
Benefit Payout Period: payable only for such charges incurred within 52 weeks after the date of the accident causing the Injury

### COACHES A&H COVERAGE

#### BENEFIT(S): LIMITS:

Accidental Death & Dismemberment \$25,000 Maximum  
Accident Medical Expense Benefit \$100,000 Limit  
Deductible \$0 per accident  
Benefit Period 52 weeks after date of injury

### DIRECTORS & OFFICERS

Directors & Officers Limit \$1,000,000  
Retention \$1,000  
Aggregate Limit \$1,000,000