

DATE (MM/DD/YYYY) 1/14/2020

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 and conditions of the policy, certain plin lieu of such endorsement(s).	is an ADI policies n	DITIONAL INSURED, the ponary require an endorsemen	olicy(ies) must be on the onterior of the onterior of the other statement on the other onterior of the other onterior of the other other onterior of the other o	endorsed. If SUI this certificate o	BROGATION IS WAIVED, s loes not confer rights to th	ubject to the terms ne certificate holder
PRODUCER K&K Insurance G	roun I	nc	CONTACT NAME:	Sports Divis	sion	
301 Commerce St			PHONE: (80	00) 441-3994	FAX: (224)-572-5	709
Fort Worth, TX 76		ite 2370	E-MAIL ADDRESS:	kk.sports@k	candkinsurance.com	
1010 (10111), 171 / (7102			-		
			INSURERS AF	FORDING COVI	ERAGE	NAIC #
INSURED California Youth Soc	cer As	sociation, Inc.	Insurer A: Sc	ottsdale Indem	nity Company	15580
1040 Serpentine Lan			Insurer B: Na	ational Casualty	y Company	11991
Pleasanton, CA 9456			Insurer C:			
,			Insurer D:			
			Insurer E:			
			Insurer F:			
COVERAGES C	ERTIFIC	CATE NUMBER: 20015	5936	F	REVISION NUMBER:	1
THIS IS TO CERTIFY THAT THE POLIC INDICATED. NOTWITHSTANDING ANY CERTIFICATE MAY BE ISSUED OR MATERIAL EXCLUSIONS AND CONDITIONS OF SU	REQUIRE AY PERTA CH POLIC	MENT, TERM OR CONDITION NIN, THE INSURANCE AFFO CIES. LIMITS SHOWN MAY H	ON OF ANY CONTR RDED BY THE PO AVE BEEN REDUCE	RACT OR OTHER LICIES DESCRIE ED BY PAID CLAI	DOCUMENT WITH RESPE	CT TO WHICH THIS
INSR LTR TYPE OF INSURANCE	ADD'L SUE		POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A GENERAL LIABILITY	X	KKI-82325-00	1/1/2020	1/1/2021	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-82325-00	1/1/2020	1/1/2021	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						
B UMBRELLA LIAB X OCCUR		XKO-82327-00	1/1/2020	1/1/2021	EACH OCCURRENCE	\$5,000,000
X EXCESS LIAB CLAIMS-MADE		7110-02327-00	1/1/2020	1/1/2021	AGGREGATE	\$5,000,000
DEDUCTIBLE	1				AGGNEGATE	Ψ2,000,000
RETENTION \$						

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

Y/N

N/A

This certificate is issued on behalf of California Youth Soccer Association, Inc. & REDWOOD JUNIOR SL. 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 MENLO PARK 701 ALMA STREET MENLO PARK, CA 94025	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 Acott hundred

WC STATU-TORY LIMITS

E. L. EACH ACCIDENT

E. L. DISEASE - EA EMPLOYEE

E. L. DISEASE - POLICY LIMIT

WORKERS COMPENSATION AND EMPLOYERS' LIABILITY

If yes, describe under

ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)



DATE (MM/DD/YYYY) 1/14/2020

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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.	CONTACT NAME: Sports Division					
		PHONE: (800) 441-3994 FAX: (224)-572-570)9				
	Fort Worth, TX 76102	E-MAIL ADDRESS: kk.sports@kandkinsurance.com					
	, ,						
		INSURERS AFFORDING COVERAGE	NAIC #				
INSURED	California Youth Soccer Association, Inc.	Insurer A: Scottsdale Indemnity Company	15580				
		Insurer B: National Casualty Company	11991				
	Pleasanton, CA 94566	Insurer C:					
	,	Insurer D:					
		Insurer E:					
		Insurer F:					
COVERAGES CERTIFICATE NUMBER: 20018389 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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY	X	****	KKI-82325-00	1/1/2020	1/1/2021	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance)	\$1,000,000 \$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-82325-00	1/1/2020	1/1/2021	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
	ALL OWNED AUTOS						BODILY INJURY (Per person)		
							BODILY INJURY (Per accident)		
	X HIRED AUTOS						PROPERTY DAMAGE (Per accident)		
	X NON-OWNED AUTOS								
В	UMBRELLA LIAB X OCCUR			XKO-82327-00	1/1/2020	1/1/2021	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		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E. L. EACH ACCIDENT		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	14/73					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. & REDWOOD JUNIOR SL. 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 BURLINGAME 850 BURLINGAME AVENUE BURLINGAME, CA 94010	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 Acott hundred



DATE (MM/DD/YYYY) 1/14/2020

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PRODUCER	K&K Insurance Group, Inc.	CONTACT NAME: Sports Division	
	301 Commerce Street, Suite 2370	PHONE: (800) 441-3994 FAX: (224)-572-570)9
	Fort Worth, TX 76102	E-MAIL ADDRESS: kk.sports@kandkinsurance.com	
ı	, , , , , , , , , , , , , , , , , , , ,		
		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	11991
	Pleasanton, CA 94566	Insurer C:	
	•	Insurer D:	
		Insurer E:	
		Insurer F:	
COVER	AGES CERTIFICATE NUMBER: 2012425	6 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 CLAIM.

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		KKI-82325-00	1/1/2020	1/1/2021	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-82325-0	KKI-	KKI-82325-00	1/1/2020	1/1/2021	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						,		
В	UMBRELLA LIAB X OCCUR			XKO-82327-00	1/1/2020	1/1/2021	EACH OCCURRENCE	\$5,000,000	
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000	
	DEDUCTIBLE	1							
	RETENTION \$								
	WORKERS COMPENSATION						WC STATU- TORY LIMITS OTH- ER		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	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. & Redwood Junior SL. 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.

CITY OF PALO ALTO CUBBERLY COMMUNITY CENTER 4000 MIDDLEFIELD RD. PALO ALTO, CA 94303

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

Scott hunder



DATE (MM/DD/YYYY) 1/14/2020

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PRODUCER	K&K Insurance Group, Inc.	CONTACT NAME: Sports Division	
	301 Commerce Street, Suite 2370	PHONE: (800) 441-3994 FAX: (224)-572-570	09
	Fort Worth, TX 76102	E-MAIL ADDRESS: kk.sports@kandkinsurance.com	
		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	11991
	Pleasanton, CA 94566	Insurer C:	
	,	Insurer D:	
		Insurer E:	
		Insurer F:	
COVER	AGES CERTIFICATE NUMBER: 2012425	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 REDUICED 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		KKI-82325-00	1/1/2020	1/1/2021	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-82325-00	1/1/2020	1/1/2021	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						,		
В	UMBRELLA LIAB X OCCUR			XKO-82327-00	1/1/2020	1/1/2021	EACH OCCURRENCE	\$5,000,000	
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000	
	DEDUCTIBLE								
	RETENTION \$								
	WORKERS COMPENSATION						WC STATU- TORY LIMITS OTH- ER		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A					E. L. EACH ACCIDENT		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A					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)

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L	E	К	Ш	H	C	٩I	E	Н	U	L	υ	K	

BELMONT REDWOOD SHORES SCHOOL DISTRICT 2960 HALLMARK DRIVE BELMONT, CA 94002

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

CANCELLATION

Scott hurhest



DATE (MM/DD/YYYY) 1/14/2020

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iii iieu oi s	such endorsement(s).		
PRODUCER	K&K Insurance Group, Inc.	CONTACT NAME: Sports Division	
	301 Commerce Street, Suite 2370	PHONE: (800) 441-3994 FAX: (224)-572-57	09
	Fort Worth, TX 76102	E-MAIL ADDRESS: kk.sports@kandkinsurance.com	
		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	11991
	Pleasanton, CA 94566	Insurer C:	
	, and the second	Insurer D:	
		Insurer E:	
		Insurer F:	
COVER	AGES CERTIFICATE NUMBER: 2012420	61 REVISION NUMBER: ()
	D CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA D. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION		

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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY	X	****	KKI-82325-00	1/1/2020	1/1/2021	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance)	\$1,000,000 \$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-82325-00	1/1/2020	1/1/2021	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	ALL OWNED AUTOS						BODILY INJURY (Per person)	
							BODILY INJURY (Per accident)	
	X HIRED AUTOS						PROPERTY DAMAGE (Per accident)	
	X NON-OWNED AUTOS							
В	UMBRELLA LIAB X OCCUR			XKO-82327-00	1/1/2020	1/1/2021	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	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E. L. EACH ACCIDENT	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	14/73					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	

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CABRILLO UNIFIED SCHOOL DISTRICT 498 KELLY AVENUE HALF MOON BAY, CA 94019	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 Acott humber

CANCELLATION

CERTIFICATE HOLDER



DATE (MM/DD/YYYY) 1/14/2020

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PRODUCER K&K Insurance Group, Inc.	CONTACT NAME: Sports Division					
301 Commerce Street, Suite 2370	PHONE: (800) 441-3994 FAX: (224)-572-5709					
Fort Worth, TX 76102	E-MAIL ADDRESS: kk.sports@kandkinsurance.com					
	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 11991					
Pleasanton, CA 94566	Insurer C:					
	Insurer D:					
	Insurer E:					
	Insurer F:					
COVERAGES CERTIFICATE NUMBER: 20124263 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.

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A	GENERAL LIABILITY	X		KKI-82325-00	1/1/2020	1/1/2021	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-82325-00	1/1/2020	1/1/2021	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						,	
В	UMBRELLA LIAB X OCCUR			XKO-82327-00	1/1/2020	1/1/2021	EACH OCCURRENCE	\$5,000,000
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000
	DEDUCTIBLE	1						
	RETENTION \$							
	WORKERS COMPENSATION						WC STATU- TORY LIMITS OTH- ER	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A					E. L. EACH ACCIDENT	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	13/7					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. & Redwood Junior SL. 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 BELMONT ONE TWIN PINES LANE BELMONT, CA 94002	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 Acott hundred



DATE (MM/DD/YYYY) 1/14/2020

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.	CONTACT NAME: Sports Division	
301 Commerce Street, Suite 2370	PHONE: (800) 441-3994 FAX: (224)-572-570)9
Fort Worth, TX 76102	E-MAIL ADDRESS: kk.sports@kandkinsurance.com	
,		
	INSURERS AFFORDING COVERAGE	NAIC #
NSURED California Youth Soccer Association, Inc.	Insurer A: Scottsdale Indemnity Company	15580
1040 Serpentine Lane, Suite 206	Insurer B: National Casualty Company	11991
Pleasanton, CA 94566	Insurer C:	
,	Insurer D:	
	Insurer E:	
	Insurer F:	
COVERAGES CERTIFICATE NUMBER: 2001593	REVISION NUMBER: 1	

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	TYPE OF INSURANCE	ADD'L	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
LTR			WVD		DATE (MM/DD/YY)			\$1,000,000
A	GENERAL LIABILITY	X		KKI-82325-00	1/1/2020	1/1/2021	DAMAGE TO RENTED	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						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-82325-00	1/1/2020	1/1/2021	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	ALL OWNED AUTOS						BODILY INJURY (Per person)	
	H						BODILY INJURY (Per accident)	
	SCHEDULED AUTOS						PROPERTY DAMAGE	
	X HIRED AUTOS						(Per accident)	
	X NON-OWNED AUTOS							
В	UMBRELLA LIAB X OCCUR			XKO-82327-00	1/1/2020	1/1/2021	EACH OCCURRENCE	\$5,000,000
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000
	DEDUCTIBLE	1						
	RETENTION \$							
	WORKERS COMPENSATION						WC STATU- TORY LIMITS ER	
	AND EMPLOYERS' LIABILITY Y/N						E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E. L. DISEASE - EA EMPLOYEE	
	(Mandatory in NH) If yes, describe under							
	in 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. & REDWOOD JUNIOR SL. 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.

CANCELL ATION

OLIVIII IOATE HOLDER	OANGELEATION
LAS LOMITAS SCHOOL DISTRICT 1011 ALTSCHUL AVENUE MENLO PARK, CA 94025	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 Acott hundred

CERTIFICATE HOLDER



DATE (MM/DD/YYYY) 1/14/2020

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.	CONTACT NAME: Sports Division		
	301 Commerce Street, Suite 2370	PHONE: (800) 441-3994 FAX: (224)-572-570	09	
	Fort Worth, TX 76102	E-MAIL ADDRESS: kk.sports@kandkinsurance.com		
	,			
		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	11991	
	Pleasanton, CA 94566	Insurer C:		
	, , , , , , , , , , , , , , , , , , ,	Insurer D:		
		Insurer E:		
		Insurer F:		
COVER	AGES CERTIFICATE NUMBER: 2001838	REVISION NUMBER: 1	•	

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		KKI-82325-00	1/1/2020	1/1/2021	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-82325-00	1/1/2020	1/1/2021	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						,	
В	UMBRELLA LIAB X OCCUR			XKO-82327-00	1/1/2020	1/1/2021	EACH OCCURRENCE	\$5,000,000
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000
	DEDUCTIBLE							
	RETENTION \$							
	WORKERS COMPENSATION						WC STATU- TORY LIMITS OTH- ER	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A					E. L. EACH ACCIDENT	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A					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. & REDWOOD JUNIOR SL. 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.

MENLO PARK CITY SCHOOL DISTRICT 181 ENCINAL AVENUE ATHERTON, CA 94027	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 Authorized Representative

CANCELLATION

CERTIFICATE HOLDER



DATE (MM/DD/YYYY) 1/14/2020

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PRODUCER	K&K Insurance Group, Inc.	CONTACT NAME: Sports Division					
	301 Commerce Street, Suite 2370	PHONE: (800) 441-3994 FAX: (224)-572-570	09				
	Fort Worth, TX 76102	E-MAIL ADDRESS: kk.sports@kandkinsurance.com	om				
		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	11991				
	Pleasanton, CA 94566	Insurer C:					
	,	Insurer D:					
		Insurer E:					
		Insurer F:					
COVER	AGES CERTIFICATE NUMBER: 2012426	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	
Α	GENERAL LIABILITY	X		KKI-82325-00	1/1/2020	1/1/2021	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-82325-00	1/1/2020	1/1/2021	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						(i di doddent)	
	NON-OWNED ACTOO							
В	UMBRELLA LIAB X OCCUR			XKO-82327-00	1/1/2020	1/1/2021	EACH OCCURRENCE	\$5,000,000
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000
	DEDUCTIBLE							
	RETENTION \$							
	WORKERS COMPENSATION						WC STATU- TORY LIMITS ER	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A					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. & Redwood Junior SL. 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.

C	ER	TI	FI	CA	ΤE	HC)L[DER

CITY OF REDWOOD CITY - PARKS & RECREATION DEPARTMENT

1120 ROOSEVELT REDWOOD CITY, CA 94061

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

Scott hurhest



DATE (MM/DD/YYYY) 1/14/2020

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	of such endorsement(s).	olicies ii	ay require an endorsement.	A statement on	this certificate o	ioes not confer rights to ti	ne certificate noider
PRODUCE	K&K Insurance Gr	oun I	nc	CONTACT NAME:	Sports Divis	sion	
	301 Commerce Str			PHONE: (8	00) 441-3994	FAX: (224)-572-5	5709
	Fort Worth, TX 76		100 23 7 0	E-MAIL ADDRESS:	kk.sports@k	candkinsurance.com	
	1 011 // 01111, 111 / 0	102					
				INSURERS AF	FORDING COVI	ERAGE	NAIC #
INSURED	California Youth Soc	cer As	sociation, Inc.	Insurer A: So	ottsdale Indem	nity Company	15580
	1040 Serpentine Lane			Insurer B: Na	ational Casualty	y Company	11991
	Pleasanton, CA 9456			Insurer C:			
	,			Insurer D:			
				Insurer E:			
				Insurer F:			
COVE	RAGES CE	RTIFIC	CATE NUMBER: 201242	266	F	REVISION NUMBER:	0
INDICAT CERTIF	TO CERTIFY THAT THE POLICI TED. NOTWITHSTANDING ANY F ICATE MAY BE ISSUED OR MA SIONS AND CONDITIONS OF SUC	REQUIRE Y PERTA	MENT, TERM OR CONDITION IN, THE INSURANCE AFFORI	I OF ANY CONTE DED BY THE PO /E BEEN REDUC!	RACT OR OTHER LICIES DESCRIE	R DOCUMENT WITH RESPE BED HEREIN IS SUBJECT T	THE POLICY PERIOD SCT TO WHICH THIS TO ALL THE TERMS,
INSR LTR	TYPE OF INSURANCE	ADD'L SUE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A GEI	NERAL LIABILITY	X	KKI-82325-00	1/1/2020	1/1/2021	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'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$1,000,000
	POLICY PROJECT LOC					PARTICIPANT LEGAL LIABILITY	\$1,000,000
^^	ANY AUTO		KKI-82325-00	1/1/2020	1/1/2021	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
I —	ALL OWNED AUTOS					BODILY INJURY (Per person)	
	ACCUEDING TO ALITON					BODILY INJURY (Per accident)	

HIRED AUTOS (Per accident) NON-OWNED AUTOS XKO-82327-00 \$5,000,000 UMBRELLA LIAB X OCCUR 1/1/2020 1/1/2021 EACH OCCURRENCE CLAIMS-MADE \$5,000,000 **EXCESS LIAB** AGGREGATE DEDUCTIBLE RETENTION \$ WC STATU-TORY LIMITS

WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETORI/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)

CEDTIFICATE HOLDED

If yes, describe under

SCHEDULED AUTOS

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

Y/N

N/A

This certificate is issued on behalf of California Youth Soccer Association, Inc. & Redwood Junior SL. 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.

CANCELLATION

CENTILICATE HOLDEN	CANCELLATION
CITY OF SAN CARLOS A CORPORATION SOLE 600 ELM STREET	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
SAN CARLOS, CA 94070	Authorized REPRESENTATIVE Acott hunder

PROPERTY DAMAGE

E. L. EACH ACCIDENT

E. L. DISEASE - EA EMPLOYEE

E. L. DISEASE - POLICY LIMIT



DATE (MM/DD/YYYY) 1/14/2020

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.

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in lieu of su	ich endorsement(s).							
PRODUCER	K&K Insurance Gr	oup	, Inc		CONTACT NAME:	Sports Divis	sion	
	301 Commerce Stre				PHONE: (8	00) 441-3994	FAX: (224)-572-5	5709
	Fort Worth, TX 76				E-MAIL ADDRESS:	kk.sports@k	kandkinsurance.com	
	,							
					INSURERS AF	FORDING COVI	ERAGE	NAIC #
INSURED (California Youth Soco	cer A	Asso	ociation, Inc.	Insurer A: Sc	cottsdale Indem	nity Company	15580
1	1040 Serpentine Lane	, Su	iite 2	206	Insurer B: Na	ational Casualty	y Company	11991
l I	Pleasanton, CA 94566	5			Insurer C:			
					Insurer D:			
					Insurer E:			
					Insurer F:			
COVERA	GES CE	RTI	FIC/	ATE NUMBER: 201242	.67	F	REVISION NUMBER:	0
INDICATED. CERTIFICAT EXCLUSION	CERTIFY THAT THE POLICIE NOTWITHSTANDING ANY F E MAY BE ISSUED OR MAY S AND CONDITIONS OF SUC	REQU PEI H PC	IIREM RTAIN OLICIE	IENT, TERM OR CONDITION N, THE INSURANCE AFFORI ES. LIMITS SHOWN MAY HAV	I OF ANY CONTE DED BY THE PO /E BEEN REDUCI	RACT OR OTHER PLICIES DESCRIE ED BY PAID CLAI	R DOCUMENT WITH RESPE BED HEREIN IS SUBJECT T	ECT TO WHICH THIS
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 GENERA	L LIABILITY	X		KKI-82325-00	1/1/2020	1/1/2021	EACH OCCURRENCE	\$1,000,000
Х сом	IMERCIAL 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 AG	GREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$1,000,000
POLI							PARTICIPANT LEGAL LIABILITY	\$1,000,000
l ** ├──	AUTO			KKI-82325-00	1/1/2020	1/1/2021	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
I 	OWNED AUTOS						BODILY INJURY (Per person)	
I -	EDULED AUTOS						BODILY INJURY (Per accident)	
I — i	ED AUTOS						PROPERTY DAMAGE (Per accident)	
X NON-	-OWNED AUTOS							
В имв	RELLA LIAB X OCCUR			XKO-82327-00	1/1/2020	1/1/2021	EACH OCCURRENCE	\$5,000,000
X EXC	ESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000
DEDU	UCTIBLE							
RETE	ENTION \$							
WORKER	RS COMPENSATION						WC STATU- TORY LIMITS OTH- ER	

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

N/A

This certificate is issued on behalf of California Youth Soccer Association, Inc. & Redwood Junior SL. 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
NOTRE DAME DE NAMUR UNIVERSITY, THEIR	

OFFICERS, EMPLOYEES, & SISTERS OF NOTRE DAME KORET FIELD 1500 RALSTON AVE.

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

E. L. EACH ACCIDENT

E. L. DISEASE - EA EMPLOYEE

E. L. DISEASE - POLICY LIMIT

AUTHORIZED REPRESENTATIVE

Scott hurbert

BELMONT, CA 94002

ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?

(Mandatory in NH)
If yes, describe under



DATE (MM/DD/YYYY) 1/14/2020

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)

in lieu of such endorsement(s).	011010	J 1114	y require an endorsement.	A Statement on	tino oci tinodici d	ioco not comer rigina to til	s der timodite moraer	
PRODUCER K&K Insurance G1	oup	. Inc	2.	CONTACT NAME:	Sports Divis	ion		
301 Commerce Str				PHONE: (80	PHONE: (800) 441-3994 FAX: (224)-572-5709			
Fort Worth, TX 76	,		20,0	E-MAIL ADDRESS:	kk.sports@k	andkinsurance.com		
1 010 11 0101, 111 7 0								
				INSURERS AF	FORDING COVE	ERAGE	NAIC #	
INSURED California Youth Soc	cer	Asso	ociation, Inc.	Insurer A: Sc	ottsdale Indem	nity Company	15580	
1040 Serpentine Land				Insurer B: Na	tional Casualty	Company	11991	
Pleasanton, CA 9456				Insurer C:				
				Insurer D:				
				Insurer E:				
				Insurer F:				
COVERAGES CE	RTI	FIC	ATE NUMBER: 200296	68	F	REVISION NUMBER:	0	
THIS IS TO CERTIFY THAT THE POLICI INDICATED. NOTWITHSTANDING ANY I CERTIFICATE MAY BE ISSUED OR MA EXCLUSIONS AND CONDITIONS OF SUC	REQU Y PEI CH PC	IREM RTAIN OLICIE	ENT, TERM OR CONDITION N, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAV	OF ANY CONTR DED BY THE PO E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAII	DOCUMENT WITH RESPECT TO DESCRIPTION OF THE DESCRIPTION OF THE PROPERTY OF THE	CT TO WHICH THIS	
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		KKI-82325-00	1/1/2020	1/1/2021	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-82325-00	1/1/2020	1/1/2021	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						,		
B UMBRELLA LIAB X OCCUR			XKO-82327-00	1/1/2020	1/1/2021	EACH OCCURRENCE	\$5,000,000	
X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000	
DEDUCTIBLE								
RETENTION \$								
WORKERS COMPENSATION						WC STATU- TORY LIMITS ER		
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E. L. EACH ACCIDENT		
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A					E. L. DISEASE - EA EMPLOYEE		
If yes, describe under						E. L. DISEASE - POLICY LIMIT		
		L						
DESCRIPTION OF OPERATIONS / LOCATIONS / VI								
This certificate is issued on behalf of Insured as respects the operations of coverage for sexual abuse/molestati	f the	Nam	ed Insured for sanctioned	activities of th	e state associat	ion. The general liability	der is Additional policy includes	
	-		, ,, r		, , , , , , , , , , , , , , , , , , ,			

CERTIFICATE HOLDER

CANCELLATION

CITY OF SAN MATEO 330 WEST 20TH AVE SAN MATEO, CA 94403

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

Scott hurhard



DATE (MM/DD/YYYY) 1/14/2020

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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).

COVERA	AGES CERTIFICATE NUMBER: 2001593	8 REVISION NUMBER: 0	
		Insurer F:	
		Insurer E:	
	,	Insurer D:	
	Pleasanton, CA 94566	Insurer C:	
	1040 Serpentine Lane, Suite 206	Insurer B: National Casualty Company	11991
INSURED	California Youth Soccer Association, Inc.	Insurer A: Scottsdale Indemnity Company	15580
		INSURERS AFFORDING COVERAGE	NAIC #
	,,		
	Fort Worth, TX 76102	E-MAIL ADDRESS: kk.sports@kandkinsurance.com	
	301 Commerce Street, Suite 2370	PHONE: (800) 441-3994 FAX: (224)-572-570)9
PRODUCER	K&K Insurance Group, Inc.	CONTACT NAME: Sports Division	

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 COMMERCIAL GENERAL LIABILITY	X		KKI-82325-00	1/1/2020	1/1/2021	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance)	\$1,000,000 \$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-82325-00	1/1/2020	1/1/2021	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							
В	UMBRELLA LIAB X OCCUR			XKO-82327-00	1/1/2020	1/1/2021	EACH OCCURRENCE	\$5,000,000
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000
	DEDUCTIBLE							
	RETENTION \$							
	WORKERS COMPENSATION						WC STATU- TORY LIMITS OTH- ER	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A					E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A					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. & REDWOOD JUNIOR SL. 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.

|--|

PORTOLA VALLEY SCHOOL DISTRICT 4575 ALPINE ROAD PORTOLA VALLEY, CA 94028 **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

Scott huntered



DATE (MM/DD/YYYY) 1/14/2020

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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).

COVER	AGES CERTIFICATE NUMBER: 2001675	58	REVISION NU	JMBER: 0	
		Insurer F:			
		Insurer E:			
	,	Insurer D:			
	Pleasanton, CA 94566	Insurer C:			
	1040 Serpentine Lane, Suite 206	Insurer B:	National Casualty Company		11991
INSURED	California Youth Soccer Association, Inc.	Insurer A:	Scottsdale Indemnity Company		15580
		INSURERS	AFFORDING COVERAGE		NAIC #
	,,				
	Fort Worth, TX 76102	E-MAIL ADDRES	ss: kk.sports@kandkinsurance	.com	
		PHONE:	(800) 441-3994 FAX: (2	24)-572-570)9
PRODUCER	K&K Insurance Group, Inc.	CONTACT NAM	E: Sports Division		

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
Α	GENERAL LIABILITY	X		KKI-82325-00	1/1/2020	1/1/2021	EACH OCCURRENCE \$1,000,0
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance) \$1,000,0
	CLAIMS MADE X OCCUR						MED EXP (Any one person) \$5,0
							PERSONAL & ADV INJURY \$1,000,0
							GENERAL AGGREGATE UNLIMITE
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$1,000,0
	POLICY PROJECT LOC						PARTICIPANT LEGAL LIABILITY \$1,000,0
A	AUTOMOBILE LIABILITY ANY AUTO			KKI-82325-00	1/1/2020	1/1/2021	COMBINED SINGLE LIMIT (Ea accident) \$1,000,0
	ALL OWNED AUTOS						BODILY INJURY (Per person)
	SCHEDULED AUTOS						BODILY INJURY (Per accident)
	X HIRED AUTOS						PROPERTY DAMAGE (Per accident)
	X NON-OWNED AUTOS						
В	UMBRELLA LIAB X OCCUR			XKO-82327-00	1/1/2020	1/1/2021	EACH OCCURRENCE \$5,000,0
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE \$5,000,0
	DEDUCTIBLE						
	RETENTION \$						
	WORKERS COMPENSATION						WC STATU- TORY LIMITS OTH- ER
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A					E. L. EACH ACCIDENT
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A					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. & REDWOOD JUNIOR SL. 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.

RAVENSWOOD CITY SCHOOL DISTRICT 2160 EUCLID AVENUE EAST PALO ALTO, CA 94303

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

Scott hurhard



DATE (MM/DD/YYYY) 1/14/2020

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms

ODUCER	K&K Insurance Gr				CONTACT NAME: Sports Division				
	301 Commerce Str	eet, S	Suite	e 2370	PHONE: (800) 441-3994 FAX: (224)-572-5709 E-MAIL ADDRESS: kk.sports@kandkinsurance.com				
	Fort Worth, TX 76	102							
					INSURERS AFFORDING COVERAGE			NAIC #	
SURED C	alifornia Youth Soc	oor A	1000	ociation Inc		ottsdale Indem		15580	
C	140 Serpentine Land					tional Casualty		11991	
	easanton, CA 9456		ne z	200	Insurer C:	ational Casaarty	Company	11///1	
ГІ	casamon, CA 9430	U			Insurer D:				
					Insurer E:				
					Insurer F:				
OVERAG	ES CE	RTIF	FICA	ATE NUMBER: 2001728		F	REVISION NUMBER:	0	
DICATED. N ERTIFICATE	OTWITHSTANDING ANY I MAY BE ISSUED OR MA	REQUII Y PER	REME TAIN	JRANCE LISTED BELOW HA ENT, TERM OR CONDITION I, THE INSURANCE AFFORD S. LIMITS SHOWN MAY HAVI	OF ANY CONTR DED BY THE PO	RACT OR OTHER LICIES DESCRIB	R DOCUMENT WITH RESPE SED HEREIN IS SUBJECT T	CT TO WHICH THIS	
iR R	TYPE OF INSURANCE	ADD'L INSRD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
GENERAL I	LIABILITY	X		KKI-82325-00	1/1/2020	1/1/2021	EACH OCCURRENCE	\$1,000,000	
Х сомм	ERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$1,000,000	
	LAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	UNLIMITED	
GEN'L AGGR	REGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$1,000,000	
POLICY	PROJECT LOC						PARTICIPANT LEGAL LIABILITY	\$1,000,000	
AUTOMOBI ANY AU	ILE LIABILITY			KKI-82325-00	1/1/2020	1/1/2021	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
\vdash	VNED AUTOS						BODILY INJURY (Per person)		
\vdash	ULED AUTOS						BODILY INJURY (Per accident)		
X HIRED							PROPERTY DAMAGE (Per accident)		
	WNED AUTOS						(i ci dolident)		
ANON-O	WINED AUTOU								
UMBRE	ELLA LIAB X OCCUR			XKO-82327-00	1/1/2020	1/1/2021	EACH OCCURRENCE	\$5,000,000	
X EXCES				ARO 02321 00	1/1/2020	1/1/2021	AGGREGATE	\$5,000,000	
DEDUC		1					AGGREGATE	ψ2,000,000	
\vdash	TION \$								
	COMPENSATION						WC STATU- TORY LIMITS ER		
AND EMPL	OYERS' LIABILITY Y/N						E. L. EACH ACCIDENT		
ANY PROPRIE OFFICER/MEN (Mandatory in	ETOR/PARTNER/EXECUTIVE MBER EXCLUDED?	N/A					E. L. DISEASE - EA EMPLOYEE		
If yes, describe							E. L. DISEASE - POLICY LIMIT		
							Z. Z. BIOLINGE I OLIOT LIMIT		
SCRIPTION OF	OPERATIONS / LOCATIONS / VI	HICLES	(Attac	ch ACORD 101, Additional Remarks S	chedule, if more space	i is required)	1		
nis certifica sured as re	ate is issued on behalf or espects the operations o	of Cali	iforn Name	tia Youth Soccer Associated Insured for sanctioned at limits of \$1,000,000 pe	tion, Inc. & RE activities of th	DWOOD JUN e state associa	tion. The general liabilit		
	TE HOLDED				CANCELLA	TION			
		<u> </u>			CANCELLA	IION			
		S			SHOULD ANY	OF THE ABOVE I	DESCRIBED POLICIES BE CA	ANCELLED BEFORE	
ERTIFICA ACRED	ATE HOLDER HEART SCHOOL		aims	at limits of \$1,000,000 pe	CANCELLA	TION	DESCRIBED POLICIES BE CA	AN(

AUTHORIZED REPRESENTATIVE Scott huntered

WITH THE POLICY PROVISIONS.

ATHERTON, CA 94027



DATE (MM/DD/YYYY) 1/14/2020

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.

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PRODUCER	K&K Insurance Group, Inc.	CONTACT NAME: Sports Division	
	301 Commerce Street, Suite 2370	PHONE: (800) 441-3994 FAX: (224)-572-57	09
	Fort Worth, TX 76102	E-MAIL ADDRESS: kk.sports@kandkinsurance.com	
		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	11991
	•	Insurer C:	
	,	Insurer D:	
		Insurer E:	
		Insurer F:	
COVER	AGES CERTIFICATE NUMBER: 2012426	REVISION NUMBER: 0)
	CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA		

CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS,

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		KKI-82325-00	1/1/2020	1/1/2021	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-82325-00	1/1/2020	1/1/2021	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						,	
В	UMBRELLA LIAB X OCCUR			XKO-82327-00	1/1/2020	1/1/2021	EACH OCCURRENCE	\$5,000,000
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000
	DEDUCTIBLE	1						
	RETENTION \$							
	WORKERS COMPENSATION						WC STATU- TORY LIMITS OTH- ER	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A					E. L. EACH ACCIDENT	
	OFFICER/MEMBER EXCLUDED?		EMBER EXCLUDED?				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. & Redwood Junior SL. 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.

PALO ALTO UNIFIED SCHOOL DISTRICT 25 CHURCHILL AVENUE PALO ALTO, CA 94306	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 Acott humber

CANCELLATION

CERTIFICATE HOLDER



DATE (MM/DD/YYYY) 1/14/2020

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COVERA	AGES CERTIFICATE NUMBER: 2012427	0 REVISION NUMBER: 0	
		Insurer F:	
		Insurer E:	
	,	Insurer D:	
	Pleasanton, CA 94566	Insurer C:	
	1040 Serpentine Lane, Suite 206	Insurer B: National Casualty Company	11991
INSURED	California Youth Soccer Association, Inc.	Insurer A: Scottsdale Indemnity Company	15580
		INSURERS AFFORDING COVERAGE	NAIC #
	,,		
	Fort Worth, TX 76102	E-MAIL ADDRESS: kk.sports@kandkinsurance.com	
		PHONE: (800) 441-3994 FAX: (224)-572-570	19
PRODUCER	K&K Insurance Group, Inc.	CONTACT NAME: Sports Division	

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 COMMERCIAL GENERAL LIABILITY	X		KKI-82325-00	1/1/2020	1/1/2021	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance)	\$1,000,000 \$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-82325-00	1/1/2020	1/1/2021	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							
В	UMBRELLA LIAB X OCCUR			XKO-82327-00	1/1/2020	1/1/2021	EACH OCCURRENCE	\$5,000,000
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000
	DEDUCTIBLE							
	RETENTION \$							
	WORKERS COMPENSATION						WC STATU- TORY LIMITS OTH- ER	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A					E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A					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. & Redwood Junior SL. 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	CANCELLATIO

SAN CARLOS SCHOOL DISTRICT 1200 INDUSTRIAL ROAD UNIT 9 SAN CARLOS, CA 94070

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

Scott hunburl



DATE (MM/DD/YYYY) 1/14/2020

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.	CONTACT NAME: Sports Division	
	301 Commerce Street, Suite 2370	PHONE: (800) 441-3994 FAX: (224)-572-570	09
	Fort Worth, TX 76102	E-MAIL ADDRESS: kk.sports@kandkinsurance.com	
		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	11991
	Pleasanton, CA 94566	Insurer C:	
	,	Insurer D:	
		Insurer E:	
		Insurer F:	
COVER	AGES CERTIFICATE NUMBER: 2001535	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, EVEL ISSUED OR MAY PROVIDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS,

INSR LTR	TYPE OF INSURANCE	ADD'L INSRD	SUBR	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY	X	****	KKI-82325-00	1/1/2020	1/1/2021	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance)	\$1,000,000 \$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	ANY AUTO			KKI-82325-00	1/1/2020	1/1/2021	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							
В	UMBRELLA LIAB X OCCUR			XKO-82327-00	1/1/2020	1/1/2021	EACH OCCURRENCE	\$5,000,000
	X EXCESS LIAB CLAIMS-MADE	1					AGGREGATE	\$5,000,000
	DEDUCTIBLE							
	RETENTION \$						WC STATU- OTH-	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						TORY LIMITS ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E. L. EACH ACCIDENT	
	(Mandatory in NH)	y 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. & REDWOOD JUNIOR SL. 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	

SAN MATEO UNION HIGH SCHOOL DISTRICT 650 NORTH DELAWARE STREET SAN MATEO, CA 94401

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

CANCELLATION

Scott hurbert



DATE (MM/DD/YYYY) 1/14/2020

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.	CONTACT NAME: Sports Division	
	301 Commerce Street, Suite 2370	PHONE: (800) 441-3994 FAX: (224)-572-570	09
	Fort Worth, TX 76102	E-MAIL ADDRESS: kk.sports@kandkinsurance.com	
	,		
		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	11991
	Pleasanton, CA 94566	Insurer C:	
	, ,	Insurer D:	
		Insurer E:	
		Insurer F:	
COVER	AGES CERTIFICATE NUMBER: 2001593	9 REVISION NUMBER: 1	•

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		KKI-82325-00	1/1/2020	1/1/2021	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-82325-00	1/1/2020	1/1/2021	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						,	
В	UMBRELLA LIAB X OCCUR			XKO-82327-00	1/1/2020	1/1/2021	EACH OCCURRENCE	\$5,000,000
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000
	DEDUCTIBLE							
	RETENTION \$							
	WORKERS COMPENSATION						WC STATU- TORY LIMITS OTH- ER	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A					E. L. EACH ACCIDENT	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A					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. & REDWOOD JUNIOR SL. 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

TOWN OF PORTOLA VALLEY, and its officers, agents, employees and volunteers 765 PORTOLA ROAD

PORTOLA VALLEY, CA 94028

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

Scott hubert



DATE (MM/DD/YYYY) 1/14/2020

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PRODUCER	K&K Insurance Group, Inc.	CONTACT NAME: Sports Division	
	301 Commerce Street, Suite 2370	PHONE: (800) 441-3994 FAX: (224)-572-57	09
	Fort Worth, TX 76102	E-MAIL ADDRESS: kk.sports@kandkinsurance.com	
	,		
		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	11991
	Pleasanton, CA 94566	Insurer C:	
	,	Insurer D:	
		Insurer E:	
		Insurer F:	
COVER	AGES CERTIFICATE NUMBER: 2001594	REVISION NUMBER: 0)
T. 110 10 TO	O OFFICE THAT THE BOLLOIFO OF MOURANDE LIGHER BELOW HA	VE DEEN JOOUED TO THE INCLIDED NAMED ABOVE FOR TH	E DOLIOV DEDIOD

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		KKI-82325-00	1/1/2020	1/1/2021	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-82325-00	1/1/2020	1/1/2021	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						,	
В	UMBRELLA LIAB X OCCUR			XKO-82327-00	1/1/2020	1/1/2021	EACH OCCURRENCE	\$5,000,000
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000
	DEDUCTIBLE	1						
	RETENTION \$							
	WORKERS COMPENSATION						WC STATU- TORY LIMITS OTH- ER	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A					E. L. EACH ACCIDENT	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	13/7					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. & REDWOOD JUNIOR SL. 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
RTIFICATE HOLDER WN OF WOODSIDE 55 WOODSIDE ROAD DODSIDE, CA 94062	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 Acott hundred



DATE (MM/DD/YYYY) 1/14/2020

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COVER	1 REVISION NUMBER: 0		
		Insurer F:	
		Insurer E:	
		Insurer D:	
	Pleasanton, CA 94566	Insurer C:	
	1040 Serpentine Lane, Suite 206	Insurer B: National Casualty Company	11991
INSURED	California Youth Soccer Association, Inc.	Insurer A: Scottsdale Indemnity Company	15580
		INSURERS AFFORDING COVERAGE	NAIC #
	Fort Worth, TX 76102	E-MAIL ADDRESS: kk.sports@kandkinsurance.com	
		PHONE: (800) 441-3994 FAX: (224)-572-570)9
PRODUCER	K&K Insurance Group, Inc.	CONTACT NAME: Sports Division	

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 INTERS SHOWN MAY HAVE BEEN REDUICED 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		KKI-82325-00	1/1/2020	1/1/2021	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-82325-00	1/1/2020	1/1/2021	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						,	
В	UMBRELLA LIAB X OCCUR			XKO-82327-00	1/1/2020	1/1/2021	EACH OCCURRENCE	\$5,000,000
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000
	DEDUCTIBLE	1						
	RETENTION \$							
	WORKERS COMPENSATION						WC STATU- TORY LIMITS OTH- ER	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A					E. L. EACH ACCIDENT	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	13/7					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)

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CERTIFICATE HOLDER	C/
WOODSIDE ELEMENTARY SCHOOL DISTRICT	

3195 WOODSIDE ROAD WOODSIDE, CA 94062

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

Scott huntered



DATE (MM/DD/YYYY) 1/14/2020

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COVED	AGES CEPTIFICATE NUMBER: 2012/27	71 DEVISION NUMBED: ()
		Insurer F:	
		Insurer E:	
		Insurer D:	
	Pleasanton, CA 94566	Insurer C:	
	1040 Serpentine Lane, Suite 206	Insurer B: National Casualty Company	11991
INSURED	California Youth Soccer Association, Inc.	Insurer A: Scottsdale Indemnity Company	15580
		INSURERS AFFORDING COVERAGE	NAIC #
	1 010 11 01011, 111 7 0102		
		E-MAIL ADDRESS: kk.sports@kandkinsurance.com	
	301 Commerce Street, Suite 2370	PHONE: (800) 441-3994 FAX: (224)-572-57	09
PRODUCER	K&K Insurance Group, Inc.	CONTACT NAME: Sports Division	

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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		KKI-82325-00	1/1/2020	1/1/2021	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-82325-00	1/1/2020	1/1/2021	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						,	
В	UMBRELLA LIAB X OCCUR			XKO-82327-00	1/1/2020	1/1/2021	EACH OCCURRENCE	\$5,000,000
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000
	DEDUCTIBLE							
	RETENTION \$							
	WORKERS COMPENSATION						WC STATU- TORY LIMITS OTH- ER	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A					E. L. EACH ACCIDENT	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A					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)

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CERTIFICATE HOLDER	CANCELLATION

SAN MATEO FOSTER CITY SCHOOL DISTRICT 1170 CHESS DRIVE FOSTER CITY, CA 94404

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

Scott hubert



DATE (MM/DD/YYYY) 1/14/2020

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)

in lieu of	such endorsement(s).					_	
PRODUCER	K&K Insurance Gre	oup. In	c.	CONTACT NAME:	Sports Divisi	ion	
	301 Commerce Stre			PHONE: (80	00) 441-3994	FAX: (224)-572-	5709
	Fort Worth, TX 76	,	2070	E-MAIL ADDRESS:	kk.sports@k	andkinsurance.com	
	,						
				INSURERS AF	FORDING COVE	RAGE	NAIC #
INSURED	California Youth Soco	er Ass	ociation, Inc.	Insurer A: Sc	ottsdale Indemi	nity Company	15580
	1040 Serpentine Lane			Insurer B: Na	itional Casualty	Company	11991
	Pleasanton, CA 94566			Insurer C:			
	,			Insurer D:			
				Insurer E:			
				Insurer F:			
COVER	AGES CE	RTIFIC	ATE NUMBER: 201242	72	R	EVISION NUMBER:	0
INDICATE CERTIFIC EXCLUSION	O CERTIFY THAT THE POLICIE D. NOTWITHSTANDING ANY R ATE MAY BE ISSUED OR MAY DNS AND CONDITIONS OF SUC	REQUIREI PERTA H POLIC	MENT, TERM OR CONDITION N, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAV	OF ANY CONTR DED BY THE PO	RACT OR OTHER LICIES DESCRIB	DOCUMENT WITH RESPI ED HEREIN IS SUBJECT	ECT TO WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADD'L SUB INSRD WVI	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	3
Λ GENE	RAL LIABILITY	Y	KKI 82325 00	1/1/2020	1/1/2021	EACH OCCUPPENCE	\$1,000,000

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 COMMERCIAL GENERAL LIABILITY	X		KKI-82325-00	1/1/2020	1/1/2021	EACH OCCURRENCE \$1,000,0 DAMAGE TO RENTED PREMISES (Ea occurance) \$1,000,0	_
	CLAIMS MADE X OCCUR						MED EXP (Any one person) \$5,0	_
							PERSONAL & ADV INJURY \$1,000,0)00
							GENERAL AGGREGATE UNLIMIT	_
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$1,000,0	
	POLICY PROJECT LOC						PARTICIPANT LEGAL LIABILITY \$1,000,0	
A	ANY AUTO			KKI-82325-00	1/1/2020	1/1/2021	COMBINED SINGLE LIMIT \$1,000,0)00
	ALL OWNED AUTOS						BODILY INJURY (Per person)	
	SCHEDULED AUTOS						BODILY INJURY (Per accident)	
	X HIRED AUTOS						PROPERTY DAMAGE (Per accident)	
	X NON-OWNED AUTOS							
В	UMBRELLA LIAB X OCCUR			XKO-82327-00	1/1/2020	1/1/2021	EACH OCCURRENCE \$5,000,0	000
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE \$5,000,0	000
	DEDUCTIBLE							
	RETENTION \$							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						WC STATU- OTH- TORY LIMITS ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E. L. EACH ACCIDENT	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	1					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. & Redwood Junior SL. 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
SEACREST SCHOOL 901 ARNOLD WAY HALF MOON BAY, CA 94019	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 Acott humber

CANCELL ATION

CERTIFICATE HOLDER



DATE (MM/DD/YYYY) 1/14/2020

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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).

COVERA	AGES CERTIFICATE NUMBER: 2012427	5 REVISION NUMBER: 0	
		Insurer F:	
		Insurer E:	
	,	Insurer D:	
	Pleasanton, CA 94566	Insurer C:	
	1040 Serpentine Lane, Suite 206	Insurer B: National Casualty Company	11991
INSURED	California Youth Soccer Association, Inc.	Insurer A: Scottsdale Indemnity Company	15580
		INSURERS AFFORDING COVERAGE	NAIC #
	,,		
	Fort Worth, TX 76102	E-MAIL ADDRESS: kk.sports@kandkinsurance.com	
		PHONE: (800) 441-3994 FAX: (224)-572-570	9
PRODUCER	K&K Insurance Group, Inc.	CONTACT NAME: Sports Division	

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.

NSR 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		KKI-82325-00	1/1/2020	1/1/2021	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-82325-00	1/1/2020	1/1/2021	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						,	
В	UMBRELLA LIAB X OCCUR			XKO-82327-00	1/1/2020	1/1/2021	EACH OCCURRENCE	\$5,000,000
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000
	DEDUCTIBLE	1						
	RETENTION \$							
	WORKERS COMPENSATION						WC STATU- TORY LIMITS OTH- ER	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A					E. L. EACH ACCIDENT	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	11//					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. & Redwood Junior SL. 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

WOODSIDE PRIORY HIGH SCHOOL 302 PORTOLA RD. PORTOLA VALLEY, CA 94028

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

Scott hurbert



DATE (MM/DD/YYYY) 1/14/2020

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COVER	AGES CERTIFICATE NUMBER: 2004079	REVISION NUMBER: 0)
		Insurer F:	
		Insurer E:	
	•	Insurer D:	
	Pleasanton, CA 94566	Insurer C:	
	1040 Serpentine Lane, Suite 206	Insurer B: National Casualty Company	11991
INSURED	California Youth Soccer Association, Inc.	Insurer A: Scottsdale Indemnity Company	15580
		INSURERS AFFORDING COVERAGE	NAIC #
	· · · · · · · · · · · · · · ·		
	Fort Worth, TX 76102	E-MAIL ADDRESS: kk.sports@kandkinsurance.com	
		PHONE: (800) 441-3994 FAX: (224)-572-57	09
PRODUCER	K&K Insurance Group, Inc.	CONTACT NAME: Sports Division	
	• • • • • • • • • • • • • • • • • • • •		

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 SLICH POLICIES FLIMITS SHOWN MAY HAVE BEEN REDUICED BY PAID CLAIMS

NSR 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		KKI-82325-00	1/1/2020	1/1/2021	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-82325-00	1/1/2020	1/1/2021	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						,	
В	UMBRELLA LIAB X OCCUR			XKO-82327-00	1/1/2020	1/1/2021	EACH OCCURRENCE	\$5,000,000
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000
	DEDUCTIBLE	1						
	RETENTION \$							
	WORKERS COMPENSATION						WC STATU- TORY LIMITS OTH- ER	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A					E. L. EACH ACCIDENT	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	11//					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)

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CERTIFICATE HOLDER	CANCELLATION
SEQUOIA UNION HIGH SCHOOL DISTRICT 480 James Avenue Redwood City, CA 94062	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 Aott huhul



DATE (MM/DD/YYYY) 1/14/2020

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in li	eu of such endorsement(s).						
PRO	K&K Insurance Group, Inc. 301 Commerce Street, Suite 2370 Fort Worth, TX 76102			CONTACT NAME: Sports Division			
				PHONE: (800) 441-3994 FAX: (224)-572-5709			
				E-MAIL ADDRESS:	E-MAIL ADDRESS: kk.sports@kandkinsurance.com		
	1 310 11 31411, 111 7 3						
				INSURERS AF	FORDING COVI	ERAGE	NAIC #
INSU	California Youth Soci	cer Ass	ociation, Inc.	Insurer A: Sc	ottsdale Indem	nity Company	15580
	1040 Serpentine Lane	, Suite	206	Insurer B: Na	ational Casualty	Company	11991
	Pleasanton, CA 94566	5		Insurer C:			
	·			Insurer D:			
				Insurer E:			
				Insurer F:			
CO	VERAGES CE	RTIFIC	ATE NUMBER: 200409	18	F	REVISION NUMBER:	0
CEF	S IS TO CERTIFY THAT THE POLICIE CATED. NOTWITHSTANDING ANY F ITIFICATE MAY BE ISSUED OR MAY LUSIONS AND CONDITIONS OF SUC	REQUIREN Y PERTAI CH POLICI	MENT, TERM OR CONDITION N, THE INSURANCE AFFORI ES. LIMITS SHOWN MAY HAV	I OF ANY CONTF DED BY THE PO /E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAI	R DOCUMENT WITH RESPE JED HEREIN IS SUBJECT T	ECT TO WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADD'L SUBR	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	X	KKI-82325-00	1/1/2020	1/1/2021	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-82325-00	1/1/2020	1/1/2021	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					(i oi dodidoni)	
	A NON OWNED NOTES						
В	UMBRELLA LIAB X OCCUR		XKO-82327-00	1/1/2020	1/1/2021	EACH OCCURRENCE	\$5,000,000
	X EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$5,000,000
	DEDUCTIBLE	1					
	RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N					WC STATU- TORY LIMITS OTH- ER	
1	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				E. L. EACH ACCIDENT	
1	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	1.1/7				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)

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CERTIFICATE HOLDER	CANCELLATION
City of Foster City and Estero Municipal District 610 Shell Boulevard Foster City, CA 94404	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 Acott hundred