



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 have ADDITIONAL INSURED provisions or 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 Westpoint Insurance Group, a division of Webb Financial Group, LLC P.O. Box 1495 Bridgeview	CONTACT NAME:	FAX (A/C, No): (708) 636-3915	
	PHONE (A/C, No, Ext): (800) 318-7709		
INSURED Indian Mills Athletic Association 105 Willow Grove Rd. Shamong	E-MAIL ADDRESS:	INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A : HDI Global Specialty SE	
	INSURER B : Chubb Insurance Company		
	INSURER C :		
	INSURER D :		
	INSURER E :		
	INSURER F :		

COVERAGES **CERTIFICATE NUMBER:** CL25122367535 **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.

EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.											
INSR LTR	TYPE OF INSURANCE			ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					HDGL003701497	01/15/2026	01/15/2027	EACH OCCURRENCE \$ 1,000,000		
	<input type="checkbox"/> CLAIMS-MADE	<input checked="" type="checkbox"/> OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000		
	<input checked="" type="checkbox"/> INCLUDES ATHLETIC								MED EXP (Any one person) \$		
	PARTICIPANTS								PERSONAL & ADV INJURY \$ 1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:								GENERAL AGGREGATE \$ 3,000,000		
	<input type="checkbox"/> POLICY	<input type="checkbox"/> PROJECT	<input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 1,000,000		
	OTHER:								Participant Legal Liab. \$ 1,000,000		
	AUTOMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident) \$		
	ANY AUTO								BODILY INJURY (Per person) \$		
	OWNED AUTOS ONLY			<input type="checkbox"/>	SCHEDULED AUTOS				BODILY INJURY (Per accident) \$		
	HIRED AUTOS ONLY			<input type="checkbox"/>	NON-OWNED AUTOS ONLY				PROPERTY DAMAGE (Per accident) \$		
				<input type="checkbox"/>					\$		
				<input type="checkbox"/>					\$		
	UMBRELLA LIAB		OCCUR						EACH OCCURRENCE \$		
	EXCESS LIAB		CLAIMS-MADE						AGGREGATE \$		
	DED	RETENTION \$							\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			<input type="checkbox"/> Y / N	N / A				PER STATUTE \$		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			<input type="checkbox"/>	OTHE							
If yes, describe under DESCRIPTION OF OPERATIONS below				E.L. EACH ACCIDENT \$							
				E.L. DISEASE - EA EMPLOYEE \$							
				E.L. DISEASE - POLICY LIMIT \$							
B	Excess Accident Medical				9907-01-24	01/15/2026	01/15/2027	\$100 Deductible	\$25,000		

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

INSURED: Sports & Special Risk Group Liability Insurance Trust and its Member Organizations by Certificate.

Coverage is only for the sport type(s) applied for on the application and reported to the insurance carrier. Activity Covered: Soccer, Baseball, Softball, Basketball & Field Hockey.

CERTIFICATE HOLDER	CANCELLATION
Indian Mills Athletic Association 105 Willow Grove Rd. Shamong	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 