



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/03/2025

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
Special Markets Insurance Consultants
1055 MAIN ST STE 101
STEVENS POINT, WI 54481-2860

CONTACT
NAME:PHONE
(A/C, No, Ext):FAX
(A/C, No):

7153446126

E-MAIL
ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A : Great American Insurance Company

16691

INSURED SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND
ITS PARTICIPATING MEMBERS:
South Jersey Masters Soccer League
1437 HURFFVILLE RD
DEPTFORD, NJ 08096-3865

INSURER B :

INSURER C :

INSURER D :

INSURER E :

INSURER F :

COVERAGES

CERTIFICATE NUMBER: GAS158142

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	X		PAC 4725038	02/02/2025 12:00 AM	02/02/2026 12:01 AM	EACH OCCURRENCE
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						\$1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)
	<input checked="" type="checkbox"/> HOST LIQUOR LIABILITY INCLUDED						\$300,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC						\$0
A	AUTOMOBILE LIABILITY	X		PAC 4725038	02/02/2025 12:00 AM	02/02/2026 12:01 AM	COMBINED SINGLE LIMIT (Ea accident)
	<input type="checkbox"/> ANY AUTO						\$1,000,000
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per person)
	<input checked="" type="checkbox"/> HIRED AUTO						BODILY INJURY (Per accident)
	<input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB						
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						EACH OCCURRENCE
	DED RETENTION \$						AGGREGATE
A	Professional Liability	X		PAC 4725038	02/02/2025 12:00 AM	02/02/2026 12:01 AM	EACH OCCURRENCE AGGREGATE LIMIT
							\$1,000,000 \$1,000,000
A	Abuse and Molestation	X		PAC 4725038	02/02/2025 12:00 AM	02/02/2026 12:01 AM	EACH OCCURRENCE GENERAL AGGREGATE
							\$100,000 \$300,000

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

Covered Activities: Adult Soccer League

The Certificate Holder is added as an additional insured but only with respect to liability arising out of the named insured during the policy period.

Scheduled Activities Exclusion Applies-Please Refer to Named Insured Member Certificate of Coverage

CERTIFICATE HOLDER

Monroe Township Youth Soccer, Corkery Lane Soccer Complex
Corkery Lane
Williamstown, NJ 08094

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

Special Markets Insurance Consultants



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PRODUCER
Special Markets Insurance Consultants
1055 MAIN ST STE 101
STEVENS POINT, WI 54481-2860

CONTACT
NAME:PHONE
(A/C, No, Ext):FAX
(A/C, No):

7153446126

E-MAIL
ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A : Great American Insurance Company

16691

INSURED SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND
ITS PARTICIPATING MEMBERS:
South Jersey Masters Soccer League
1437 HURFFVILLE RD
DEPTFORD, NJ 08096-3865

INSURER B :

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COVERAGES

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	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)
	<input checked="" type="checkbox"/> HOST LIQUOR LIABILITY INCLUDED						\$300,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC						\$0
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	<input type="checkbox"/> ANY AUTO						\$1,000,000
	<input type="checkbox"/> ALL OWNED AUTOS						GENERAL AGGREGATE
	<input checked="" type="checkbox"/> HIRED AUTO						\$2,000,000
	<input type="checkbox"/> SCHEDULED AUTOS						PRODUCTS - COMP/OP AGG
	<input checked="" type="checkbox"/> NON-OWNED AUTOS						\$2,000,000
	UMBRELLA LIAB						COMBINED SINGLE LIMIT (Ea accident)
	<input type="checkbox"/> OCCUR						\$1,000,000
	<input type="checkbox"/> CLAIMS-MADE						BODILY INJURY (Per person)
	DED						BODILY INJURY (Per accident)
	RETENTION \$						PROPERTY DAMAGE (Per accident)
A	Professional Liability	X		PAC 4725038	02/02/2025 12:00 AM	02/02/2026 12:01 AM	EACH OCCURRENCE
							AGGREGATE LIMIT
							\$1,000,000
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							GENERAL AGGREGATE
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Covered Activities: Adult Soccer League

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Scheduled Activities Exclusion Applies-Please Refer to Named Insured Member Certificate of Coverage

CERTIFICATE HOLDER

Pennsauken Board of Education
Hylton Road
Pennsauken, NJ 08109

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED
BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN
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AUTHORIZED REPRESENTATIVE

Special Markets Insurance Consultants



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PRODUCER Special Markets Insurance Consultants 1055 MAIN ST STE 101 STEVENS POINT, WI 54481-2860	CONTACT NAME:		
	PHONE (A/C, No, Ext):	FAX (A/C, No): 7153446126	
	E-MAIL ADDRESS:		
	INSURER(S) AFFORDING COVERAGE		
	NAIC #		
INSURED SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND ITS PARTICIPATING MEMBERS: South Jersey Masters Soccer League 1437 HURFFVILLE RD DEPTFORD, NJ 08096-3865	INSURER A : Great American Insurance Company		16691
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
	INSURER F :		

COVERAGES **CERTIFICATE NUMBER:** GAS158142 **REVISION NUMBER:**

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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$0	
	<input checked="" type="checkbox"/> HOST LIQUOR LIABILITY INCLUDED						PERSONAL & ADV INJURY	\$1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$2,000,000	
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$2,000,000	
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Covered Activities: Adult Soccer League

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Scheduled Activities Exclusion Applies-Please Refer to Named Insured Member Certificate of Coverage

CERTIFICATE HOLDER

Board of Education of Lenape Regional High School District
93 Willow Grove Rd.
Shamong, NJ 08088

CANCELLATION

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AUTHORIZED REPRESENTATIVE

Special Markets Insurance Consultants



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PRODUCER
Special Markets Insurance Consultants
1055 MAIN ST STE 101
STEVENS POINT, WI 54481-2860

CONTACT
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7153446126

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INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A : Great American Insurance Company

16691

INSURED SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND
ITS PARTICIPATING MEMBERS:
South Jersey Masters Soccer League
1437 HURFFVILLE RD
DEPTFORD, NJ 08096-3865

INSURER B :

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COVERAGES

CERTIFICATE NUMBER: GAS158142

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Covered Activities: Adult Soccer League

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Scheduled Activities Exclusion Applies-Please Refer to Named Insured Member Certificate of Coverage

CERTIFICATE HOLDER

Borough of Berlin - Recreation Department
59 South White Horse Pike
Berlin, NJ 08009

CANCELLATION

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AUTHORIZED REPRESENTATIVE

Special Markets Insurance Consultants



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Covered Activities: Adult Soccer League

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Scheduled Activities Exclusion Applies-Please Refer to Named Insured Member Certificate of Coverage

CERTIFICATE HOLDER

Borough of Clayton
125 N. Delsea Drive
Clayton, NJ 08312

CANCELLATION

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BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN
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	INSURER F :		

COVERAGES **CERTIFICATE NUMBER:** GAS158142 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	GENERAL LIABILITY	X		PAC 4725038	02/02/2025 12:00 AM	02/02/2026 12:01 AM	EACH OCCURRENCE	\$1,000,000	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$0	
	<input checked="" type="checkbox"/> HOST LIQUOR LIABILITY INCLUDED						PERSONAL & ADV INJURY	\$1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$2,000,000	
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$2,000,000	
A	AUTOMOBILE LIABILITY	X		PAC 4725038	02/02/2025 12:00 AM	02/02/2026 12:01 AM	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)		
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident)		
	<input checked="" type="checkbox"/> HIRED AUTO						PROPERTY DAMAGE (Per accident)		
	<input type="checkbox"/> SCHEDULED AUTOS								
	<input checked="" type="checkbox"/> NON-OWNED AUTOS								
	UMBRELLA LIAB						EACH OCCURRENCE		
	EXCESS LIAB						CLAIMS-MADE	AGGREGATE	
	DED						RETENTION \$		
A	Professional Liability	X		PAC 4725038	02/02/2025 12:00 AM	02/02/2026 12:01 AM	EACH OCCURRENCE	\$1,000,000	
							AGGREGATE LIMIT	\$1,000,000	
A	Abuse and Molestation	X		PAC 4725038	02/02/2025 12:00 AM	02/02/2026 12:01 AM	EACH OCCURRENCE	\$100,000	
							GENERAL AGGREGATE	\$300,000	

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

Covered Activities: Adult Soccer League

The Certificate Holder is added as an additional insured but only with respect to liability arising out of the named insured during the policy period.

Scheduled Activities Exclusion Applies-Please Refer to Named Insured Member Certificate of Coverage

CERTIFICATE HOLDER

Cherry Hill Board of Education
45 Ranoldo Terrace
Cherry Hill, NJ 08034

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

Special Markets Insurance Consultants



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/03/2025

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PRODUCER Special Markets Insurance Consultants 1055 MAIN ST STE 101 STEVENS POINT, WI 54481-2860	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No): 7153446126
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A : Great American Insurance Company	
	NAIC # 16691	
INSURED SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND ITS PARTICIPATING MEMBERS: South Jersey Masters Soccer League 1437 HURFFVILLE RD DEPTFORD, NJ 08096-3865	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES**CERTIFICATE NUMBER:** GAS158142**REVISION NUMBER:**

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A	GENERAL LIABILITY	X		PAC 4725038	02/02/2025 12:00 AM	02/02/2026 12:01 AM	EACH OCCURRENCE	\$1,000,000	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$0	
	<input checked="" type="checkbox"/> HOST LIQUOR LIABILITY INCLUDED						PERSONAL & ADV INJURY	\$1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$2,000,000	
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$2,000,000	
A	AUTOMOBILE LIABILITY	X		PAC 4725038	02/02/2025 12:00 AM	02/02/2026 12:01 AM	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)		
	<input type="checkbox"/> ALL OWNED AUTOS						<input type="checkbox"/> SCHEDULED AUTOS	BODILY INJURY (Per accident)	
	<input checked="" type="checkbox"/> HIRED AUTO						<input checked="" type="checkbox"/> NON-OWNED AUTOS	PROPERTY DAMAGE (Per accident)	
	UMBRELLA LIAB						EACH OCCURRENCE		
	EXCESS LIAB						CLAIMS-MADE	AGGREGATE	
	DED						RETENTION \$		
A	Professional Liability	X		PAC 4725038	02/02/2025 12:00 AM	02/02/2026 12:01 AM	EACH OCCURRENCE	\$1,000,000	
							AGGREGATE LIMIT	\$1,000,000	
A	Abuse and Molestation	X		PAC 4725038	02/02/2025 12:00 AM	02/02/2026 12:01 AM	EACH OCCURRENCE	\$100,000	
							GENERAL AGGREGATE	\$300,000	

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

Covered Activities: Adult Soccer League

The Certificate Holder is added as an additional insured but only with respect to liability arising out of the named insured during the policy period.

Scheduled Activities Exclusion Applies-Please Refer to Named Insured Member Certificate of Coverage**CERTIFICATE HOLDER**Cherry Hill Township
820 Mercer Street
Cherry Hill, NJ 08002**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

Special Markets Insurance Consultants



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/03/2025

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PRODUCER
Special Markets Insurance Consultants
1055 MAIN ST STE 101
STEVENS POINT, WI 54481-2860

CONTACT
NAME:PHONE
(A/C, No, Ext):FAX
(A/C, No):

7153446126

E-MAIL
ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A : Great American Insurance Company

16691

INSURED SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND
ITS PARTICIPATING MEMBERS:
South Jersey Masters Soccer League
1437 HURFFVILLE RD
DEPTFORD, NJ 08096-3865

INSURER B :

INSURER C :

INSURER D :

INSURER E :

INSURER F :

COVERAGES

CERTIFICATE NUMBER: GAS158142

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.

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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						\$1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)
	<input checked="" type="checkbox"/> HOST LIQUOR LIABILITY INCLUDED						\$300,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC						\$0
A	AUTOMOBILE LIABILITY	X		PAC 4725038	02/02/2025 12:00 AM	02/02/2026 12:01 AM	PERSONAL & ADV INJURY
	<input type="checkbox"/> ANY AUTO						\$1,000,000
	<input type="checkbox"/> ALL OWNED AUTOS						GENERAL AGGREGATE
	<input checked="" type="checkbox"/> HIRED AUTO						\$2,000,000
	<input type="checkbox"/> SCHEDULED AUTOS						PRODUCTS - COMP/OP AGG
	<input checked="" type="checkbox"/> NON-OWNED AUTOS						\$2,000,000
	UMBRELLA LIAB						COMBINED SINGLE LIMIT (Ea accident)
	<input type="checkbox"/> OCCUR						\$1,000,000
	<input type="checkbox"/> CLAIMS-MADE						BODILY INJURY (Per person)
	DED						BODILY INJURY (Per accident)
	RETENTION \$						PROPERTY DAMAGE (Per accident)
A	Professional Liability	X		PAC 4725038	02/02/2025 12:00 AM	02/02/2026 12:01 AM	EACH OCCURRENCE
							AGGREGATE LIMIT
							\$1,000,000
A	Abuse and Molestation	X		PAC 4725038	02/02/2025 12:00 AM	02/02/2026 12:01 AM	EACH OCCURRENCE
							GENERAL AGGREGATE
							\$100,000
							\$300,000

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

Covered Activities: Adult Soccer League

The Certificate Holder is added as an additional insured but only with respect to liability arising out of the named insured during the policy period.

Scheduled Activities Exclusion Applies-Please Refer to Named Insured Member Certificate of Coverage

CERTIFICATE HOLDER

Cinnaminson Parks & Recreation Memorial Park
Forklanding Road
Cinnaminson, NJ 08077

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

Special Markets Insurance Consultants



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/03/2025

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PRODUCER
Special Markets Insurance Consultants
1055 MAIN ST STE 101
STEVENS POINT, WI 54481-2860

CONTACT
NAME:PHONE
(A/C, No, Ext):FAX
(A/C, No):

7153446126

E-MAIL
ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A : Great American Insurance Company

16691

INSURED SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND
ITS PARTICIPATING MEMBERS:
South Jersey Masters Soccer League
1437 HURFFVILLE RD
DEPTFORD, NJ 08096-3865

INSURER B :

INSURER C :

INSURER D :

INSURER E :

INSURER F :

COVERAGES

CERTIFICATE NUMBER: GAS158142

REVISION NUMBER:

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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						\$1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)
	<input checked="" type="checkbox"/> HOST LIQUOR LIABILITY INCLUDED						\$300,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC						\$0
A	AUTOMOBILE LIABILITY	X		PAC 4725038	02/02/2025 12:00 AM	02/02/2026 12:01 AM	PERSONAL & ADV INJURY
	<input type="checkbox"/> ANY AUTO						\$1,000,000
	<input type="checkbox"/> ALL OWNED AUTOS						GENERAL AGGREGATE
	<input checked="" type="checkbox"/> HIRED AUTO						\$2,000,000
	<input type="checkbox"/> SCHEDULED AUTOS						PRODUCTS - COMP/OP AGG
	<input checked="" type="checkbox"/> NON-OWNED AUTOS						\$2,000,000
	UMBRELLA LIAB						COMBINED SINGLE LIMIT (Ea accident)
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	RETENTION \$						PROPERTY DAMAGE (Per accident)
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Covered Activities: Adult Soccer League

The Certificate Holder is added as an additional insured but only with respect to liability arising out of the named insured during the policy period.

Scheduled Activities Exclusion Applies-Please Refer to Named Insured Member Certificate of Coverage

CERTIFICATE HOLDER

City of Vineland Recreation Commission
1086 E Walnut Road
Vineland, NJ 08360

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED
BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN
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AUTHORIZED REPRESENTATIVE

Special Markets Insurance Consultants



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/03/2025

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PRODUCER
Special Markets Insurance Consultants
1055 MAIN ST STE 101
STEVENS POINT, WI 54481-2860

CONTACT
NAME:PHONE
(A/C, No, Ext):FAX
(A/C, No):

7153446126

E-MAIL
ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A : Great American Insurance Company

16691

INSURED SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND
ITS PARTICIPATING MEMBERS:
South Jersey Masters Soccer League
1437 HURFFVILLE RD
DEPTFORD, NJ 08096-3865

INSURER B :

INSURER C :

INSURER D :

INSURER E :

INSURER F :

COVERAGES

CERTIFICATE NUMBER: GAS158142

REVISION NUMBER:

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	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)
	<input checked="" type="checkbox"/> HOST LIQUOR LIABILITY INCLUDED						\$300,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)
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Covered Activities: Adult Soccer League

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Scheduled Activities Exclusion Applies-Please Refer to Named Insured Member Certificate of Coverage

CERTIFICATE HOLDER

Delanco Township
770 Coopertown Road
Delanco, NJ 08075

CANCELLATION

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AUTHORIZED REPRESENTATIVE

Special Markets Insurance Consultants



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DATE (MM/DD/YYYY)
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PRODUCER
Special Markets Insurance Consultants
1055 MAIN ST STE 101
STEVENS POINT, WI 54481-2860

CONTACT
NAME:PHONE
(A/C, No, Ext):FAX
(A/C, No):

7153446126

E-MAIL
ADDRESS:

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NAIC #

INSURER A : Great American Insurance Company

16691

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1437 HURFFVILLE RD
DEPTFORD, NJ 08096-3865

INSURER B :

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COVERAGES

CERTIFICATE NUMBER: GAS158142

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	<input checked="" type="checkbox"/> HOST LIQUOR LIABILITY INCLUDED						\$300,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC						\$0
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	<input type="checkbox"/> ALL OWNED AUTOS						GENERAL AGGREGATE
	<input checked="" type="checkbox"/> HIRED AUTO						\$2,000,000
	<input type="checkbox"/> SCHEDULED AUTOS						PRODUCTS - COMP/OP AGG
	<input checked="" type="checkbox"/> NON-OWNED AUTOS						\$2,000,000
	UMBRELLA LIAB						COMBINED SINGLE LIMIT (Ea accident)
	<input type="checkbox"/> OCCUR						\$1,000,000
	<input type="checkbox"/> CLAIMS-MADE						BODILY INJURY (Per person)
	DED						BODILY INJURY (Per accident)
	RETENTION \$						PROPERTY DAMAGE (Per accident)
A	Professional Liability	X		PAC 4725038	02/02/2025 12:00 AM	02/02/2026 12:01 AM	EACH OCCURRENCE
							AGGREGATE LIMIT
							\$1,000,000
A	Abuse and Molestation	X		PAC 4725038	02/02/2025 12:00 AM	02/02/2026 12:01 AM	EACH OCCURRENCE
							GENERAL AGGREGATE
							\$100,000
							\$300,000

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

Covered Activities: Adult Soccer League

The Certificate Holder is added as an additional insured but only with respect to liability arising out of the named insured during the policy period.

Scheduled Activities Exclusion Applies-Please Refer to Named Insured Member Certificate of Coverage

CERTIFICATE HOLDER

Deptford Township Board of Education & The Gloucester
Cumberland Salem County School District Joint Insurance Group
890 Bankbridge Road
Sewell, NJ 08080

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

Special Markets Insurance Consultants



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/03/2025

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PRODUCER
Special Markets Insurance Consultants
1055 MAIN ST STE 101
STEVENS POINT, WI 54481-2860

CONTACT
NAME:PHONE
(A/C, No, Ext):FAX
(A/C, No):

7153446126

E-MAIL
ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A : Great American Insurance Company

16691

INSURED SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND
ITS PARTICIPATING MEMBERS:
South Jersey Masters Soccer League
1437 HURFFVILLE RD
DEPTFORD, NJ 08096-3865

INSURER B :

INSURER C :

INSURER D :

INSURER E :

INSURER F :

COVERAGES

CERTIFICATE NUMBER: GAS158142

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	X		PAC 4725038	02/02/2025 12:00 AM	02/02/2026 12:01 AM	EACH OCCURRENCE
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						\$1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)
	<input checked="" type="checkbox"/> HOST LIQUOR LIABILITY INCLUDED						\$300,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC						\$0
A	AUTOMOBILE LIABILITY	X		PAC 4725038	02/02/2025 12:00 AM	02/02/2026 12:01 AM	PERSONAL & ADV INJURY
	<input type="checkbox"/> ANY AUTO						\$1,000,000
	<input type="checkbox"/> ALL OWNED AUTOS						GENERAL AGGREGATE
	<input checked="" type="checkbox"/> HIRED AUTO						\$2,000,000
	<input type="checkbox"/> SCHEDULED AUTOS						PRODUCTS - COMP/OP AGG
	<input checked="" type="checkbox"/> NON-OWNED AUTOS						\$2,000,000
	UMBRELLA LIAB						COMBINED SINGLE LIMIT (Ea accident)
	<input type="checkbox"/> OCCUR						\$1,000,000
	<input type="checkbox"/> CLAIMS-MADE						BODILY INJURY (Per person)
	DED						BODILY INJURY (Per accident)
	RETENTION \$						PROPERTY DAMAGE (Per accident)
A	Professional Liability	X		PAC 4725038	02/02/2025 12:00 AM	02/02/2026 12:01 AM	EACH OCCURRENCE
							AGGREGATE LIMIT
							\$1,000,000
A	Abuse and Molestation	X		PAC 4725038	02/02/2025 12:00 AM	02/02/2026 12:01 AM	EACH OCCURRENCE
							GENERAL AGGREGATE
							\$100,000
							\$300,000

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

Covered Activities: Adult Soccer League

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Scheduled Activities Exclusion Applies-Please Refer to Named Insured Member Certificate of Coverage

CERTIFICATE HOLDER

East Greenwich Township Department of Parks & Recreation
159 Democrat Rd
Mickleton, NJ 08056

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

Special Markets Insurance Consultants



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/07/2025

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PRODUCER
Special Markets Insurance Consultants
1055 MAIN ST STE 101
STEVENS POINT, WI 54481-2860

CONTACT
NAME:PHONE
(A/C, No, Ext):FAX
(A/C, No):

7153446126

E-MAIL
ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A : Great American Insurance Company

16691

INSURED SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND
ITS PARTICIPATING MEMBERS:
South Jersey Masters Soccer League
1437 HURFFVILLE RD
DEPTFORD, NJ 08096-3865

INSURER B :

INSURER C :

INSURER D :

INSURER E :

INSURER F :

COVERAGES

CERTIFICATE NUMBER: GAS158142

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.

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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						\$1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)
	<input checked="" type="checkbox"/> HOST LIQUOR LIABILITY INCLUDED						\$300,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC						\$0
A	AUTOMOBILE LIABILITY	X		PAC 4725038	02/02/2025 12:00 AM	02/02/2026 12:01 AM	PERSONAL & ADV INJURY
	<input type="checkbox"/> ANY AUTO						\$1,000,000
	<input type="checkbox"/> ALL OWNED AUTOS						GENERAL AGGREGATE
	<input checked="" type="checkbox"/> HIRED AUTO						\$2,000,000
	<input type="checkbox"/> SCHEDULED AUTOS						PRODUCTS - COMP/OP AGG
	<input checked="" type="checkbox"/> NON-OWNED AUTOS						\$2,000,000
	UMBRELLA LIAB						COMBINED SINGLE LIMIT (Ea accident)
	<input type="checkbox"/> OCCUR						\$1,000,000
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	DED						BODILY INJURY (Per accident)
	RETENTION \$						PROPERTY DAMAGE (Per accident)
A	Professional Liability	X		PAC 4725038	02/02/2025 12:00 AM	02/02/2026 12:01 AM	EACH OCCURRENCE
							AGGREGATE LIMIT
							\$1,000,000
A	Abuse and Molestation	X		PAC 4725038	02/02/2025 12:00 AM	02/02/2026 12:01 AM	EACH OCCURRENCE
							GENERAL AGGREGATE
							\$100,000
							\$300,000

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

Covered Activities: Adult Soccer League

The Certificate Holder is added as an additional insured but only with respect to liability arising out of the named insured during the policy period.

Scheduled Activities Exclusion Applies-Please Refer to Named Insured Member Certificate of Coverage

CERTIFICATE HOLDER

Glassboro Parks & Recs
152 Delsea Dr South
Glassboro, NJ 08028

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

Special Markets Insurance Consultants



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/03/2025

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PRODUCER
Special Markets Insurance Consultants
1055 MAIN ST STE 101
STEVENS POINT, WI 54481-2860

CONTACT
NAME:PHONE
(A/C, No, Ext):FAX
(A/C, No):

7153446126

E-MAIL
ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A : Great American Insurance Company

16691

INSURED SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND
ITS PARTICIPATING MEMBERS:
South Jersey Masters Soccer League
1437 HURFFVILLE RD
DEPTFORD, NJ 08096-3865

INSURER B :

INSURER C :

INSURER D :

INSURER E :

INSURER F :

COVERAGES

CERTIFICATE NUMBER: GAS158142

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						\$1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)
	<input checked="" type="checkbox"/> HOST LIQUOR LIABILITY INCLUDED						\$300,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC						\$0
A	AUTOMOBILE LIABILITY	X		PAC 4725038	02/02/2025 12:00 AM	02/02/2026 12:01 AM	PERSONAL & ADV INJURY
	<input type="checkbox"/> ANY AUTO						\$1,000,000
	<input type="checkbox"/> ALL OWNED AUTOS						GENERAL AGGREGATE
	<input checked="" type="checkbox"/> HIRED AUTO						\$2,000,000
	<input type="checkbox"/> SCHEDULED AUTOS						PRODUCTS - COMP/OP AGG
	<input checked="" type="checkbox"/> NON-OWNED AUTOS						\$2,000,000
	UMBRELLA LIAB						COMBINED SINGLE LIMIT (Ea accident)
	<input type="checkbox"/> OCCUR						\$1,000,000
	<input type="checkbox"/> CLAIMS-MADE						BODILY INJURY (Per person)
	DED						BODILY INJURY (Per accident)
	RETENTION \$						PROPERTY DAMAGE (Per accident)
A	Professional Liability	X		PAC 4725038	02/02/2025 12:00 AM	02/02/2026 12:01 AM	EACH OCCURRENCE
							AGGREGATE LIMIT
							\$1,000,000
A	Abuse and Molestation	X		PAC 4725038	02/02/2025 12:00 AM	02/02/2026 12:01 AM	EACH OCCURRENCE
							GENERAL AGGREGATE
							\$100,000
							\$300,000

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

Covered Activities: Adult Soccer League

The Certificate Holder is added as an additional insured but only with respect to liability arising out of the named insured during the policy period.

Scheduled Activities Exclusion Applies-Please Refer to Named Insured Member Certificate of Coverage

CERTIFICATE HOLDER

Haddon Township Board of Education
500 Rhoads Avenue
Westmont, NJ 08108

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

Special Markets Insurance Consultants



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/03/2025

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PRODUCER
Special Markets Insurance Consultants
1055 MAIN ST STE 101
STEVENS POINT, WI 54481-2860

CONTACT
NAME:PHONE
(A/C, No, Ext):FAX
(A/C, No):

7153446126

E-MAIL
ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A : Great American Insurance Company

16691

INSURED SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND
ITS PARTICIPATING MEMBERS:
South Jersey Masters Soccer League
1437 HURFFVILLE RD
DEPTFORD, NJ 08096-3865

INSURER B :

INSURER C :

INSURER D :

INSURER E :

INSURER F :

COVERAGES

CERTIFICATE NUMBER: GAS158142

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						\$1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)
	<input checked="" type="checkbox"/> HOST LIQUOR LIABILITY INCLUDED						\$300,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)
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A	AUTOMOBILE LIABILITY	X		PAC 4725038	02/02/2025 12:00 AM	02/02/2026 12:01 AM	PERSONAL & ADV INJURY
	<input type="checkbox"/> ANY AUTO						\$1,000,000
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	<input checked="" type="checkbox"/> HIRED AUTO						\$2,000,000
	<input type="checkbox"/> SCHEDULED AUTOS						PRODUCTS - COMP/OP AGG
	<input checked="" type="checkbox"/> NON-OWNED AUTOS						\$2,000,000
	UMBRELLA LIAB						COMBINED SINGLE LIMIT (Ea accident)
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A	Professional Liability	X		PAC 4725038	02/02/2025 12:00 AM	02/02/2026 12:01 AM	EACH OCCURRENCE
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A	Abuse and Molestation	X		PAC 4725038	02/02/2025 12:00 AM	02/02/2026 12:01 AM	EACH OCCURRENCE
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Covered Activities: Adult Soccer League

The Certificate Holder is added as an additional insured but only with respect to liability arising out of the named insured during the policy period.

Scheduled Activities Exclusion Applies-Please Refer to Named Insured Member Certificate of Coverage

CERTIFICATE HOLDER

Haddonfield Board of Education
Haddonfield High School Turf Field
401 Kings Hwy E
Haddonfield, NJ 08033

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

Special Markets Insurance Consultants



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/03/2025

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PRODUCER
Special Markets Insurance Consultants
1055 MAIN ST STE 101
STEVENS POINT, WI 54481-2860

CONTACT
NAME:PHONE
(A/C, No, Ext):FAX
(A/C, No):

7153446126

E-MAIL
ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A : Great American Insurance Company

16691

INSURED SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND
ITS PARTICIPATING MEMBERS:
South Jersey Masters Soccer League
1437 HURFFVILLE RD
DEPTFORD, NJ 08096-3865

INSURER B :

INSURER C :

INSURER D :

INSURER E :

INSURER F :

COVERAGES

CERTIFICATE NUMBER: GAS158142

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
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	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)
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	<input checked="" type="checkbox"/> HIRED AUTO						\$2,000,000
	<input type="checkbox"/> SCHEDULED AUTOS						PRODUCTS - COMP/OP AGG
	<input checked="" type="checkbox"/> NON-OWNED AUTOS						\$2,000,000
	UMBRELLA LIAB						COMBINED SINGLE LIMIT (Ea accident)
	<input type="checkbox"/> OCCUR						\$1,000,000
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A	Professional Liability	X		PAC 4725038	02/02/2025 12:00 AM	02/02/2026 12:01 AM	EACH OCCURRENCE
							AGGREGATE LIMIT
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A	Abuse and Molestation	X		PAC 4725038	02/02/2025 12:00 AM	02/02/2026 12:01 AM	EACH OCCURRENCE
							GENERAL AGGREGATE
							\$100,000
							\$300,000

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Covered Activities: Adult Soccer League

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Scheduled Activities Exclusion Applies-Please Refer to Named Insured Member Certificate of Coverage

CERTIFICATE HOLDER

Haddonfield Board of Education
95 Grove Street
Haddonfield, NJ 08033

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

Special Markets Insurance Consultants



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/03/2025

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
Special Markets Insurance Consultants
1055 MAIN ST STE 101
STEVENS POINT, WI 54481-2860

CONTACT
NAME:PHONE
(A/C, No, Ext):FAX
(A/C, No):

7153446126

E-MAIL
ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A : Great American Insurance Company

16691

INSURED SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND
ITS PARTICIPATING MEMBERS:
South Jersey Masters Soccer League
1437 HURFFVILLE RD
DEPTFORD, NJ 08096-3865

INSURER B :

INSURER C :

INSURER D :

INSURER E :

INSURER F :

COVERAGES

CERTIFICATE NUMBER: GAS158142

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	X		PAC 4725038	02/02/2025 12:00 AM	02/02/2026 12:01 AM	EACH OCCURRENCE
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						\$1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)
	<input checked="" type="checkbox"/> HOST LIQUOR LIABILITY INCLUDED						\$300,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC						\$0
A	AUTOMOBILE LIABILITY	X		PAC 4725038	02/02/2025 12:00 AM	02/02/2026 12:01 AM	PERSONAL & ADV INJURY
	<input type="checkbox"/> ANY AUTO						\$1,000,000
	<input type="checkbox"/> ALL OWNED AUTOS						GENERAL AGGREGATE
	<input checked="" type="checkbox"/> HIRED AUTO						\$2,000,000
	<input type="checkbox"/> SCHEDULED AUTOS						PRODUCTS - COMP/OP AGG
	<input checked="" type="checkbox"/> NON-OWNED AUTOS						\$2,000,000
	UMBRELLA LIAB						COMBINED SINGLE LIMIT (Ea accident)
	<input type="checkbox"/> OCCUR						\$1,000,000
	<input type="checkbox"/> CLAIMS-MADE						BODILY INJURY (Per person)
	DED						BODILY INJURY (Per accident)
	RETENTION \$						PROPERTY DAMAGE (Per accident)
A	Professional Liability	X		PAC 4725038	02/02/2025 12:00 AM	02/02/2026 12:01 AM	EACH OCCURRENCE
							AGGREGATE LIMIT
							\$1,000,000
A	Abuse and Molestation	X		PAC 4725038	02/02/2025 12:00 AM	02/02/2026 12:01 AM	EACH OCCURRENCE
							GENERAL AGGREGATE
							\$100,000
							\$300,000

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

Covered Activities: Adult Soccer League

The Certificate Holder is added as an additional insured but only with respect to liability arising out of the named insured during the policy period.

Scheduled Activities Exclusion Applies-Please Refer to Named Insured Member Certificate of Coverage

CERTIFICATE HOLDER

Haddonfield School District
1 Lincoln Avenue
Haddonfield, NJ 08033

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

Special Markets Insurance Consultants



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PRODUCER Special Markets Insurance Consultants 1055 MAIN ST STE 101 STEVENS POINT, WI 54481-2860	CONTACT NAME:		
	PHONE (A/C, No, Ext):	FAX (A/C, No): 7153446126	
	E-MAIL ADDRESS:		
	INSURER(S) AFFORDING COVERAGE		
	NAIC #		
INSURED SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND ITS PARTICIPATING MEMBERS: South Jersey Masters Soccer League 1437 HURFFVILLE RD DEPTFORD, NJ 08096-3865	INSURER A : Great American Insurance Company		16691
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
	INSURER F :		

COVERAGES**CERTIFICATE NUMBER:** GAS158142**REVISION NUMBER:**

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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$0	
	<input checked="" type="checkbox"/> HOST LIQUOR LIABILITY INCLUDED						PERSONAL & ADV INJURY	\$1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$2,000,000	
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$2,000,000	
A	AUTOMOBILE LIABILITY	X		PAC 4725038	02/02/2025 12:00 AM	02/02/2026 12:01 AM	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)		
	<input type="checkbox"/> ALL OWNED AUTOS						<input type="checkbox"/> SCHEDULED AUTOS	BODILY INJURY (Per accident)	
	<input checked="" type="checkbox"/> HIRED AUTO						<input checked="" type="checkbox"/> NON-OWNED AUTOS	PROPERTY DAMAGE (Per accident)	
	UMBRELLA LIAB						EACH OCCURRENCE		
	<input type="checkbox"/> OCCUR						AGGREGATE		
	EXCESS LIAB						<input type="checkbox"/> CLAIMS-MADE		
DED		RETENTION \$							
A	Professional Liability	X		PAC 4725038	02/02/2025 12:00 AM	02/02/2026 12:01 AM	EACH OCCURRENCE	\$1,000,000	
							AGGREGATE LIMIT	\$1,000,000	
A	Abuse and Molestation	X		PAC 4725038	02/02/2025 12:00 AM	02/02/2026 12:01 AM	EACH OCCURRENCE	\$100,000	
							GENERAL AGGREGATE	\$300,000	

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

Covered Activities: Adult Soccer League

The Certificate Holder is added as an additional insured but only with respect to liability arising out of the named insured during the policy period.

Scheduled Activities Exclusion Applies-Please Refer to Named Insured Member Certificate of Coverage**CERTIFICATE HOLDER**Hainesport Township Hainesport Municipal Field
1 Hainsport Centre
Hainesport, NJ 08306**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

Special Markets Insurance Consultants



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
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PRODUCER
Special Markets Insurance Consultants
1055 MAIN ST STE 101
STEVENS POINT, WI 54481-2860

CONTACT
NAME:PHONE
(A/C, No, Ext):FAX
(A/C, No):

7153446126

E-MAIL
ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A : Great American Insurance Company

16691

INSURED SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND
ITS PARTICIPATING MEMBERS:
South Jersey Masters Soccer League
1437 HURFFVILLE RD
DEPTFORD, NJ 08096-3865

INSURER B :

INSURER C :

INSURER D :

INSURER E :

INSURER F :

COVERAGES

CERTIFICATE NUMBER: GAS158142

REVISION NUMBER:

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	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)
	<input checked="" type="checkbox"/> HOST LIQUOR LIABILITY INCLUDED						\$300,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)
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	<input type="checkbox"/> ANY AUTO						\$1,000,000
	<input type="checkbox"/> ALL OWNED AUTOS						GENERAL AGGREGATE
	<input checked="" type="checkbox"/> HIRED AUTO						\$2,000,000
	<input type="checkbox"/> SCHEDULED AUTOS						PRODUCTS - COMP/OP AGG
	<input checked="" type="checkbox"/> NON-OWNED AUTOS						\$2,000,000
	UMBRELLA LIAB						COMBINED SINGLE LIMIT (Ea accident)
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Covered Activities: Adult Soccer League

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Scheduled Activities Exclusion Applies-Please Refer to Named Insured Member Certificate of Coverage

CERTIFICATE HOLDER

Harrison Township
114 Bridgeton Pike
Mullica Hill, NJ 080602

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED
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AUTHORIZED REPRESENTATIVE

Special Markets Insurance Consultants



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PRODUCER
Special Markets Insurance Consultants
1055 MAIN ST STE 101
STEVENS POINT, WI 54481-2860

CONTACT
NAME:PHONE
(A/C, No, Ext):FAX
(A/C, No):

7153446126

E-MAIL
ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A : Great American Insurance Company

16691

INSURED SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND
ITS PARTICIPATING MEMBERS:
South Jersey Masters Soccer League
1437 HURFFVILLE RD
DEPTFORD, NJ 08096-3865

INSURER B :

INSURER C :

INSURER D :

INSURER E :

INSURER F :

COVERAGES

CERTIFICATE NUMBER: GAS158142

REVISION NUMBER:

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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						\$1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)
	<input checked="" type="checkbox"/> HOST LIQUOR LIABILITY INCLUDED						\$300,000
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A	AUTOMOBILE LIABILITY	X		PAC 4725038	02/02/2025 12:00 AM	02/02/2026 12:01 AM	PERSONAL & ADV INJURY
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Covered Activities: Adult Soccer League

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Scheduled Activities Exclusion Applies-Please Refer to Named Insured Member Certificate of Coverage

CERTIFICATE HOLDER

Locke Avenue Park
121-217 High Hill Rd
Woolwich, NJ 08085

CANCELLATION

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AUTHORIZED REPRESENTATIVE

Special Markets Insurance Consultants



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COVERAGES

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CERTIFICATE HOLDER

Logan Township Youth Parks & Recreation
PO Box 314
125 Main Street
Bridgeport, NJ 08014

CANCELLATION

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CERTIFICATE NUMBER: GAS158142

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	X		PAC 4725038	02/02/2025 12:00 AM	02/02/2026 12:01 AM	EACH OCCURRENCE
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						\$1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)
	<input checked="" type="checkbox"/> HOST LIQUOR LIABILITY INCLUDED						\$300,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC						\$0
A	AUTOMOBILE LIABILITY	X		PAC 4725038	02/02/2025 12:00 AM	02/02/2026 12:01 AM	PERSONAL & ADV INJURY
	<input type="checkbox"/> ANY AUTO						\$1,000,000
	<input type="checkbox"/> ALL OWNED AUTOS						GENERAL AGGREGATE
	<input checked="" type="checkbox"/> HIRED AUTO						\$2,000,000
	<input type="checkbox"/> SCHEDULED AUTOS						PRODUCTS - COMP/OP AGG
	<input checked="" type="checkbox"/> NON-OWNED AUTOS						\$2,000,000
	UMBRELLA LIAB						COMBINED SINGLE LIMIT (Ea accident)
	<input type="checkbox"/> OCCUR						\$1,000,000
	EXCESS LIAB						BODILY INJURY (Per person)
	DED						BODILY INJURY (Per accident)
	RETENTION \$						PROPERTY DAMAGE (Per accident)
A	Professional Liability	X		PAC 4725038	02/02/2025 12:00 AM	02/02/2026 12:01 AM	EACH OCCURRENCE
							AGGREGATE LIMIT
							\$1,000,000
A	Abuse and Molestation	X		PAC 4725038	02/02/2025 12:00 AM	02/02/2026 12:01 AM	EACH OCCURRENCE
							GENERAL AGGREGATE
							\$100,000
							\$300,000

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

Covered Activities: Adult Soccer League

The Certificate Holder is added as an additional insured but only with respect to liability arising out of the named insured during the policy period.

Scheduled Activities Exclusion Applies-Please Refer to Named Insured Member Certificate of Coverage

CERTIFICATE HOLDER

Lumberton Township Lumberton Munciple Complex
35 Municipal Dr
Lumberton, NJ 08048

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

Special Markets Insurance Consultants



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/03/2025

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PRODUCER Special Markets Insurance Consultants 1055 MAIN ST STE 101 STEVENS POINT, WI 54481-2860	CONTACT NAME:		
	PHONE (A/C, No, Ext):	FAX (A/C, No): 7153446126	
	E-MAIL ADDRESS:		
	INSURER(S) AFFORDING COVERAGE		
	NAIC #		
INSURED SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND ITS PARTICIPATING MEMBERS: South Jersey Masters Soccer League 1437 HURFFVILLE RD DEPTFORD, NJ 08096-3865	INSURER A : Great American Insurance Company		16691
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
	INSURER F :		

COVERAGES**CERTIFICATE NUMBER:** GAS158142**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.

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A	GENERAL LIABILITY	X		PAC 4725038	02/02/2025 12:00 AM	02/02/2026 12:01 AM	EACH OCCURRENCE	\$1,000,000	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$0	
	<input checked="" type="checkbox"/> HOST LIQUOR LIABILITY INCLUDED						PERSONAL & ADV INJURY	\$1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$2,000,000	
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$2,000,000	
A	AUTOMOBILE LIABILITY	X		PAC 4725038	02/02/2025 12:00 AM	02/02/2026 12:01 AM	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)		
	<input type="checkbox"/> ALL OWNED AUTOS						<input type="checkbox"/> SCHEDULED AUTOS	BODILY INJURY (Per accident)	
	<input checked="" type="checkbox"/> HIRED AUTO						<input checked="" type="checkbox"/> NON-OWNED AUTOS	PROPERTY DAMAGE (Per accident)	
	UMBRELLA LIAB						EACH OCCURRENCE		
	<input type="checkbox"/> OCCUR						AGGREGATE		
	EXCESS LIAB						<input type="checkbox"/> CLAIMS-MADE		
	DED	RETENTION \$							
A	Professional Liability	X		PAC 4725038	02/02/2025 12:00 AM	02/02/2026 12:01 AM	EACH OCCURRENCE	\$1,000,000	
							AGGREGATE LIMIT	\$1,000,000	
A	Abuse and Molestation	X		PAC 4725038	02/02/2025 12:00 AM	02/02/2026 12:01 AM	EACH OCCURRENCE	\$100,000	
							GENERAL AGGREGATE	\$300,000	

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

Covered Activities: Adult Soccer League

The Certificate Holder is added as an additional insured but only with respect to liability arising out of the named insured during the policy period.

Scheduled Activities Exclusion Applies-Please Refer to Named Insured Member Certificate of Coverage**CERTIFICATE HOLDER**Mansfield Township School District
200 Mansfield Road East
Columbus, NJ 08022**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

Special Markets Insurance Consultants



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/03/2025

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PRODUCER
Special Markets Insurance Consultants
1055 MAIN ST STE 101
STEVENS POINT, WI 54481-2860

CONTACT
NAME:PHONE
(A/C, No, Ext):FAX
(A/C, No):

7153446126

E-MAIL
ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A : Great American Insurance Company

16691

INSURED SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND
ITS PARTICIPATING MEMBERS:
South Jersey Masters Soccer League
1437 HURFFVILLE RD
DEPTFORD, NJ 08096-3865

INSURER B :

INSURER C :

INSURER D :

INSURER E :

INSURER F :

COVERAGES

CERTIFICATE NUMBER: GAS158142

REVISION NUMBER:

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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						\$1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)
	<input checked="" type="checkbox"/> HOST LIQUOR LIABILITY INCLUDED						\$300,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC						\$0
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	<input type="checkbox"/> ANY AUTO						\$1,000,000
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per person)
	<input checked="" type="checkbox"/> HIRED AUTO						BODILY INJURY (Per accident)
	<input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB						
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						EACH OCCURRENCE
	DED RETENTION \$						AGGREGATE
A	Professional Liability	X		PAC 4725038	02/02/2025 12:00 AM	02/02/2026 12:01 AM	EACH OCCURRENCE AGGREGATE LIMIT
							\$1,000,000 \$1,000,000
A	Abuse and Molestation	X		PAC 4725038	02/02/2025 12:00 AM	02/02/2026 12:01 AM	EACH OCCURRENCE GENERAL AGGREGATE
							\$100,000 \$300,000

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

Covered Activities: Adult Soccer League

The Certificate Holder is added as an additional insured but only with respect to liability arising out of the named insured during the policy period. Contact:
Heather Talarico 609-760-9734

Scheduled Activities Exclusion Applies-Please Refer to Named Insured Member Certificate of Coverage

CERTIFICATE HOLDER

Maple Shade Township
200 Stiles Ave
Maple Shade, NJ 08052

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

Special Markets Insurance Consultants



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/03/2025

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PRODUCER
Special Markets Insurance Consultants
1055 MAIN ST STE 101
STEVENS POINT, WI 54481-2860

CONTACT
NAME:PHONE
(A/C, No, Ext):FAX
(A/C, No):

7153446126

E-MAIL
ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A : Great American Insurance Company

16691

INSURED SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND
ITS PARTICIPATING MEMBERS:
South Jersey Masters Soccer League
1437 HURFFVILLE RD
DEPTFORD, NJ 08096-3865

INSURER B :

INSURER C :

INSURER D :

INSURER E :

INSURER F :

COVERAGES

CERTIFICATE NUMBER: GAS158142

REVISION NUMBER:

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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						\$1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)
	<input checked="" type="checkbox"/> HOST LIQUOR LIABILITY INCLUDED						\$300,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC						\$0
A	AUTOMOBILE LIABILITY	X		PAC 4725038	02/02/2025 12:00 AM	02/02/2026 12:01 AM	PERSONAL & ADV INJURY
	<input type="checkbox"/> ANY AUTO						\$1,000,000
	<input type="checkbox"/> ALL OWNED AUTOS						GENERAL AGGREGATE
	<input checked="" type="checkbox"/> HIRED AUTO						\$2,000,000
	<input type="checkbox"/> SCHEDULED AUTOS						PRODUCTS - COMP/OP AGG
	<input checked="" type="checkbox"/> NON-OWNED AUTOS						\$2,000,000
	UMBRELLA LIAB						COMBINED SINGLE LIMIT (Ea accident)
	<input type="checkbox"/> OCCUR						\$1,000,000
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	DED						BODILY INJURY (Per accident)
	RETENTION \$						PROPERTY DAMAGE (Per accident)
A	Professional Liability	X		PAC 4725038	02/02/2025 12:00 AM	02/02/2026 12:01 AM	EACH OCCURRENCE
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A	Abuse and Molestation	X		PAC 4725038	02/02/2025 12:00 AM	02/02/2026 12:01 AM	EACH OCCURRENCE
							GENERAL AGGREGATE
							\$100,000
							\$300,000

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

Covered Activities: Adult Soccer League

The Certificate Holder is added as an additional insured but only with respect to liability arising out of the named insured during the policy period.

Scheduled Activities Exclusion Applies-Please Refer to Named Insured Member Certificate of Coverage

CERTIFICATE HOLDER

Medford Township
17 North Main Street
Medford, NJ 08055

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

Special Markets Insurance Consultants



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/03/2025

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PRODUCER
Special Markets Insurance Consultants
1055 MAIN ST STE 101
STEVENS POINT, WI 54481-2860

CONTACT
NAME:PHONE
(A/C, No, Ext):FAX
(A/C, No):

7153446126

E-MAIL
ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A : Great American Insurance Company

16691

INSURED SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND
ITS PARTICIPATING MEMBERS:
South Jersey Masters Soccer League
1437 HURFFVILLE RD
DEPTFORD, NJ 08096-3865

INSURER B :

INSURER C :

INSURER D :

INSURER E :

INSURER F :

COVERAGES

CERTIFICATE NUMBER: GAS158142

REVISION NUMBER:

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	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)
	<input checked="" type="checkbox"/> HOST LIQUOR LIABILITY INCLUDED						\$300,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)
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A	AUTOMOBILE LIABILITY	X		PAC 4725038	02/02/2025 12:00 AM	02/02/2026 12:01 AM	PERSONAL & ADV INJURY
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	<input checked="" type="checkbox"/> HIRED AUTO						\$2,000,000
	<input type="checkbox"/> SCHEDULED AUTOS						PRODUCTS - COMP/OP AGG
	<input checked="" type="checkbox"/> NON-OWNED AUTOS						\$2,000,000
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Covered Activities: Adult Soccer League

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Scheduled Activities Exclusion Applies-Please Refer to Named Insured Member Certificate of Coverage

CERTIFICATE HOLDER

Millville Soccer Association
PO Box 983
Millville, NJ 08332

CANCELLATION

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BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN
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AUTHORIZED REPRESENTATIVE

Special Markets Insurance Consultants



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/03/2025

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PRODUCER Special Markets Insurance Consultants 1055 MAIN ST STE 101 STEVENS POINT, WI 54481-2860	CONTACT NAME:		
	PHONE (A/C, No, Ext):	FAX (A/C, No): 7153446126	
	E-MAIL ADDRESS:		
	INSURER(S) AFFORDING COVERAGE		
	NAIC #		
INSURED SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND ITS PARTICIPATING MEMBERS: South Jersey Masters Soccer League 1437 HURFFVILLE RD DEPTFORD, NJ 08096-3865	INSURER A : Great American Insurance Company		16691
	INSURER B :		
	INSURER C :		
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	INSURER F :		

COVERAGES**CERTIFICATE NUMBER:** GAS158142**REVISION NUMBER:**

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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000	
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	<input checked="" type="checkbox"/> HOST LIQUOR LIABILITY INCLUDED						PERSONAL & ADV INJURY	\$1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$2,000,000	
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$2,000,000	
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	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)		
	<input type="checkbox"/> ALL OWNED AUTOS						<input type="checkbox"/> SCHEDULED AUTOS	BODILY INJURY (Per accident)	
	<input checked="" type="checkbox"/> HIRED AUTO						<input checked="" type="checkbox"/> NON-OWNED AUTOS	PROPERTY DAMAGE (Per accident)	
	UMBRELLA LIAB						EACH OCCURRENCE		
	EXCESS LIAB						CLAIMS-MADE	AGGREGATE	
	DED						RETENTION \$		
A	Professional Liability	X		PAC 4725038	02/02/2025 12:00 AM	02/02/2026 12:01 AM	EACH OCCURRENCE	\$1,000,000	
							AGGREGATE LIMIT	\$1,000,000	
A	Abuse and Molestation	X		PAC 4725038	02/02/2025 12:00 AM	02/02/2026 12:01 AM	EACH OCCURRENCE	\$100,000	
							GENERAL AGGREGATE	\$300,000	

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

Covered Activities: Adult Soccer League

The Certificate Holder is added as an additional insured but only with respect to liability arising out of the named insured during the policy period.

Scheduled Activities Exclusion Applies-Please Refer to Named Insured Member Certificate of Coverage**CERTIFICATE HOLDER**Moorestown Board of Education
803 North Stanwick Road
Moorestown, NJ 08057**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

Special Markets Insurance Consultants



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/03/2025

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
Special Markets Insurance Consultants
1055 MAIN ST STE 101
STEVENS POINT, WI 54481-2860

CONTACT
NAME:PHONE
(A/C, No, Ext):FAX
(A/C, No):

7153446126

E-MAIL
ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A : Great American Insurance Company

16691

INSURED SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND
ITS PARTICIPATING MEMBERS:
South Jersey Masters Soccer League
1437 HURFFVILLE RD
DEPTFORD, NJ 08096-3865

INSURER B :

INSURER C :

INSURER D :

INSURER E :

INSURER F :

COVERAGES

CERTIFICATE NUMBER: GAS158142

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	X		PAC 4725038	02/02/2025 12:00 AM	02/02/2026 12:01 AM	EACH OCCURRENCE
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						\$1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)
	<input checked="" type="checkbox"/> HOST LIQUOR LIABILITY INCLUDED						\$300,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC						\$0
A	AUTOMOBILE LIABILITY	X		PAC 4725038	02/02/2025 12:00 AM	02/02/2026 12:01 AM	PERSONAL & ADV INJURY
	<input type="checkbox"/> ANY AUTO						\$1,000,000
	<input type="checkbox"/> ALL OWNED AUTOS						GENERAL AGGREGATE
	<input checked="" type="checkbox"/> HIRED AUTO						\$2,000,000
	<input type="checkbox"/> SCHEDULED AUTOS						PRODUCTS - COMP/OP AGG
	<input checked="" type="checkbox"/> NON-OWNED AUTOS						\$2,000,000
	UMBRELLA LIAB						COMBINED SINGLE LIMIT (Ea accident)
	<input type="checkbox"/> OCCUR						\$1,000,000
	<input type="checkbox"/> CLAIMS-MADE						BODILY INJURY (Per person)
	DED						BODILY INJURY (Per accident)
	RETENTION \$						PROPERTY DAMAGE (Per accident)
A	Professional Liability	X		PAC 4725038	02/02/2025 12:00 AM	02/02/2026 12:01 AM	EACH OCCURRENCE
							AGGREGATE LIMIT
							\$1,000,000
A	Abuse and Molestation	X		PAC 4725038	02/02/2025 12:00 AM	02/02/2026 12:01 AM	EACH OCCURRENCE
							GENERAL AGGREGATE
							\$100,000
							\$300,000

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

Covered Activities: Adult Soccer League

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Scheduled Activities Exclusion Applies-Please Refer to Named Insured Member Certificate of Coverage

CERTIFICATE HOLDER

Moorestown Township
111 West 2nd Street
Moorestown, NJ 08057

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

Special Markets Insurance Consultants



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/03/2025

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PRODUCER
Special Markets Insurance Consultants
1055 MAIN ST STE 101
STEVENS POINT, WI 54481-2860

CONTACT
NAME:PHONE
(A/C, No, Ext):FAX
(A/C, No):

7153446126

E-MAIL
ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A : Great American Insurance Company

16691

INSURED SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND
ITS PARTICIPATING MEMBERS:
South Jersey Masters Soccer League
1437 HURFFVILLE RD
DEPTFORD, NJ 08096-3865

INSURER B :

INSURER C :

INSURER D :

INSURER E :

INSURER F :

COVERAGES

CERTIFICATE NUMBER: GAS158142

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.

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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						\$1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)
	<input checked="" type="checkbox"/> HOST LIQUOR LIABILITY INCLUDED						\$300,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC						\$0
A	AUTOMOBILE LIABILITY	X		PAC 4725038	02/02/2025 12:00 AM	02/02/2026 12:01 AM	PERSONAL & ADV INJURY
	<input type="checkbox"/> ANY AUTO						\$1,000,000
	<input type="checkbox"/> ALL OWNED AUTOS						GENERAL AGGREGATE
	<input checked="" type="checkbox"/> HIRED AUTO						\$2,000,000
	<input type="checkbox"/> SCHEDULED AUTOS						PRODUCTS - COMP/OP AGG
	<input checked="" type="checkbox"/> NON-OWNED AUTOS						\$2,000,000
	UMBRELLA LIAB						COMBINED SINGLE LIMIT (Ea accident)
	<input type="checkbox"/> OCCUR						\$1,000,000
	<input type="checkbox"/> CLAIMS-MADE						BODILY INJURY (Per person)
	DED						BODILY INJURY (Per accident)
	RETENTION \$						PROPERTY DAMAGE (Per accident)
A	Professional Liability	X		PAC 4725038	02/02/2025 12:00 AM	02/02/2026 12:01 AM	EACH OCCURRENCE
							AGGREGATE LIMIT
							\$1,000,000
A	Abuse and Molestation	X		PAC 4725038	02/02/2025 12:00 AM	02/02/2026 12:01 AM	EACH OCCURRENCE
							GENERAL AGGREGATE
							\$100,000
							\$300,000

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

Covered Activities: Adult Soccer League

The Certificate Holder is added as an additional insured but only with respect to liability arising out of the named insured during the policy period.

Scheduled Activities Exclusion Applies-Please Refer to Named Insured Member Certificate of Coverage

CERTIFICATE HOLDER

NJ Regional School District
180 Mansfield Rd. East.
Columbus, NJ 08022

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

Special Markets Insurance Consultants



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/03/2025

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PRODUCER
Special Markets Insurance Consultants
1055 MAIN ST STE 101
STEVENS POINT, WI 54481-2860

CONTACT
NAME:PHONE
(A/C, No, Ext):FAX
(A/C, No):

7153446126

E-MAIL
ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A : Great American Insurance Company

16691

INSURED SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND
ITS PARTICIPATING MEMBERS:
South Jersey Masters Soccer League
1437 HURFFVILLE RD
DEPTFORD, NJ 08096-3865

INSURER B :

INSURER C :

INSURER D :

INSURER E :

INSURER F :

COVERAGES

CERTIFICATE NUMBER: GAS158142

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						\$1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)
	<input checked="" type="checkbox"/> HOST LIQUOR LIABILITY INCLUDED						\$300,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC						\$0
A	AUTOMOBILE LIABILITY	X		PAC 4725038	02/02/2025 12:00 AM	02/02/2026 12:01 AM	PERSONAL & ADV INJURY
	<input type="checkbox"/> ANY AUTO						\$1,000,000
	<input type="checkbox"/> ALL OWNED AUTOS						GENERAL AGGREGATE
	<input checked="" type="checkbox"/> HIRED AUTO						\$2,000,000
	<input type="checkbox"/> SCHEDULED AUTOS						PRODUCTS - COMP/OP AGG
	<input checked="" type="checkbox"/> NON-OWNED AUTOS						\$2,000,000
	UMBRELLA LIAB						COMBINED SINGLE LIMIT (Ea accident)
	<input type="checkbox"/> OCCUR						\$1,000,000
	EXCESS LIAB						BODILY INJURY (Per person)
	DED						BODILY INJURY (Per accident)
	RETENTION \$						PROPERTY DAMAGE (Per accident)
A	Professional Liability	X		PAC 4725038	02/02/2025 12:00 AM	02/02/2026 12:01 AM	EACH OCCURRENCE
							AGGREGATE LIMIT
							\$1,000,000
A	Abuse and Molestation	X		PAC 4725038	02/02/2025 12:00 AM	02/02/2026 12:01 AM	EACH OCCURRENCE
							GENERAL AGGREGATE
							\$100,000
							\$300,000

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

Covered Activities: Adult Soccer League

The Certificate Holder is added as an additional insured but only with respect to liability arising out of the named insured during the policy period.

Scheduled Activities Exclusion Applies-Please Refer to Named Insured Member Certificate of Coverage

CERTIFICATE HOLDER

Oldmans Township School
10 Freed Rd.
Pedricktown, NJ 08067

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

Special Markets Insurance Consultants



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/03/2025

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PRODUCER
Special Markets Insurance Consultants
1055 MAIN ST STE 101
STEVENS POINT, WI 54481-2860

CONTACT
NAME:PHONE
(A/C, No, Ext):FAX
(A/C, No):

7153446126

E-MAIL
ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A : Great American Insurance Company

16691

INSURED SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND
ITS PARTICIPATING MEMBERS:
South Jersey Masters Soccer League
1437 HURFFVILLE RD
DEPTFORD, NJ 08096-3865

INSURER B :

INSURER C :

INSURER D :

INSURER E :

INSURER F :

COVERAGES

CERTIFICATE NUMBER: GAS158142

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	X		PAC 4725038	02/02/2025 12:00 AM	02/02/2026 12:01 AM	EACH OCCURRENCE
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						\$1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)
	<input checked="" type="checkbox"/> HOST LIQUOR LIABILITY INCLUDED						\$300,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC						\$0
A	AUTOMOBILE LIABILITY	X		PAC 4725038	02/02/2025 12:00 AM	02/02/2026 12:01 AM	PERSONAL & ADV INJURY
	<input type="checkbox"/> ANY AUTO						\$1,000,000
	<input type="checkbox"/> ALL OWNED AUTOS						GENERAL AGGREGATE
	<input checked="" type="checkbox"/> HIRED AUTO						\$2,000,000
	<input type="checkbox"/> SCHEDULED AUTOS						PRODUCTS - COMP/OP AGG
	<input checked="" type="checkbox"/> NON-OWNED AUTOS						\$2,000,000
	UMBRELLA LIAB						COMBINED SINGLE LIMIT (Ea accident)
	<input type="checkbox"/> OCCUR						\$1,000,000
	<input type="checkbox"/> CLAIMS-MADE						BODILY INJURY (Per person)
	DED						BODILY INJURY (Per accident)
	RETENTION \$						PROPERTY DAMAGE (Per accident)
A	Professional Liability	X		PAC 4725038	02/02/2025 12:00 AM	02/02/2026 12:01 AM	EACH OCCURRENCE
							AGGREGATE LIMIT
							\$1,000,000
A	Abuse and Molestation	X		PAC 4725038	02/02/2025 12:00 AM	02/02/2026 12:01 AM	EACH OCCURRENCE
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Covered Activities: Adult Soccer League

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Scheduled Activities Exclusion Applies-Please Refer to Named Insured Member Certificate of Coverage

CERTIFICATE HOLDER

Pennsauken Township
Hamilton Road
Pennsauken, NJ 08109

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

Special Markets Insurance Consultants



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/03/2025

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PRODUCER
Special Markets Insurance Consultants
1055 MAIN ST STE 101
STEVENS POINT, WI 54481-2860

CONTACT
NAME:PHONE
(A/C, No, Ext):FAX
(A/C, No):

7153446126

E-MAIL
ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A : Great American Insurance Company

16691

INSURED SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND
ITS PARTICIPATING MEMBERS:
South Jersey Masters Soccer League
1437 HURFFVILLE RD
DEPTFORD, NJ 08096-3865

INSURER B :

INSURER C :

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INSURER F :

COVERAGES

CERTIFICATE NUMBER: GAS158142

REVISION NUMBER:

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	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)
	<input checked="" type="checkbox"/> HOST LIQUOR LIABILITY INCLUDED						\$300,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)
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	<input type="checkbox"/> ALL OWNED AUTOS						GENERAL AGGREGATE
	<input checked="" type="checkbox"/> HIRED AUTO						\$2,000,000
	<input type="checkbox"/> SCHEDULED AUTOS						PRODUCTS - COMP/OP AGG
	<input checked="" type="checkbox"/> NON-OWNED AUTOS						\$2,000,000
	UMBRELLA LIAB						COMBINED SINGLE LIMIT (Ea accident)
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	DED						BODILY INJURY (Per accident)
	RETENTION \$						PROPERTY DAMAGE (Per accident)
A	Professional Liability	X		PAC 4725038	02/02/2025 12:00 AM	02/02/2026 12:01 AM	EACH OCCURRENCE
							AGGREGATE LIMIT
							\$1,000,000
A	Abuse and Molestation	X		PAC 4725038	02/02/2025 12:00 AM	02/02/2026 12:01 AM	EACH OCCURRENCE
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							\$100,000
							\$300,000

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

Covered Activities: Adult Soccer League

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Scheduled Activities Exclusion Applies-Please Refer to Named Insured Member Certificate of Coverage

CERTIFICATE HOLDER

Rowan University, the State of New Jersey & New Jersey
Educational Facilities Authority
1124 State Street
International House Annex
Glassboro, NJ 08028

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

Special Markets Insurance Consultants



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/03/2025

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PRODUCER
Special Markets Insurance Consultants
1055 MAIN ST STE 101
STEVENS POINT, WI 54481-2860

CONTACT
NAME:PHONE
(A/C, No, Ext):FAX
(A/C, No):

7153446126

E-MAIL
ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A : Great American Insurance Company

16691

INSURED SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND
ITS PARTICIPATING MEMBERS:
South Jersey Masters Soccer League
1437 HURFFVILLE RD
DEPTFORD, NJ 08096-3865

INSURER B :

INSURER C :

INSURER D :

INSURER E :

INSURER F :

COVERAGES

CERTIFICATE NUMBER: GAS158142

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	X		PAC 4725038	02/02/2025 12:00 AM	02/02/2026 12:01 AM	EACH OCCURRENCE
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						\$1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)
	<input checked="" type="checkbox"/> HOST LIQUOR LIABILITY INCLUDED						\$300,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC						\$0
A	AUTOMOBILE LIABILITY	X		PAC 4725038	02/02/2025 12:00 AM	02/02/2026 12:01 AM	PERSONAL & ADV INJURY
	<input type="checkbox"/> ANY AUTO						\$1,000,000
	<input type="checkbox"/> ALL OWNED AUTOS						GENERAL AGGREGATE
	<input checked="" type="checkbox"/> HIRED AUTO						\$2,000,000
	<input type="checkbox"/> SCHEDULED AUTOS						PRODUCTS - COMP/OP AGG
	<input checked="" type="checkbox"/> NON-OWNED AUTOS						\$2,000,000
	UMBRELLA LIAB						COMBINED SINGLE LIMIT (Ea accident)
	<input type="checkbox"/> OCCUR						\$1,000,000
	<input type="checkbox"/> CLAIMS-MADE						BODILY INJURY (Per person)
	DED						BODILY INJURY (Per accident)
	RETENTION \$						PROPERTY DAMAGE (Per accident)
A	Professional Liability	X		PAC 4725038	02/02/2025 12:00 AM	02/02/2026 12:01 AM	EACH OCCURRENCE
							AGGREGATE LIMIT
							\$1,000,000
A	Abuse and Molestation	X		PAC 4725038	02/02/2025 12:00 AM	02/02/2026 12:01 AM	EACH OCCURRENCE
							GENERAL AGGREGATE
							\$100,000
							\$300,000

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

Covered Activities: Adult Soccer League

The Certificate Holder is added as an additional insured but only with respect to liability arising out of the named insured during the policy period.

Scheduled Activities Exclusion Applies-Please Refer to Named Insured Member Certificate of Coverage

CERTIFICATE HOLDER

Salem County Recreational Site
US-130 & Perkintown Rd
Oldmans Township, NJ 08067

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

Special Markets Insurance Consultants



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/03/2025

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PRODUCER
Special Markets Insurance Consultants
1055 MAIN ST STE 101
STEVENS POINT, WI 54481-2860

CONTACT
NAME:PHONE
(A/C, No, Ext):FAX
(A/C, No):

7153446126

E-MAIL
ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A : Great American Insurance Company

16691

INSURED SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND
ITS PARTICIPATING MEMBERS:
South Jersey Masters Soccer League
1437 HURFFVILLE RD
DEPTFORD, NJ 08096-3865

INSURER B :

INSURER C :

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COVERAGES

CERTIFICATE NUMBER: GAS158142

REVISION NUMBER:

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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						\$1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)
	<input checked="" type="checkbox"/> HOST LIQUOR LIABILITY INCLUDED						\$300,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC						\$0
A	AUTOMOBILE LIABILITY	X		PAC 4725038	02/02/2025 12:00 AM	02/02/2026 12:01 AM	PERSONAL & ADV INJURY
	<input type="checkbox"/> ANY AUTO						\$1,000,000
	<input type="checkbox"/> ALL OWNED AUTOS						GENERAL AGGREGATE
	<input checked="" type="checkbox"/> HIRED AUTO						\$2,000,000
	<input type="checkbox"/> SCHEDULED AUTOS						PRODUCTS - COMP/OP AGG
	<input checked="" type="checkbox"/> NON-OWNED AUTOS						\$2,000,000
	UMBRELLA LIAB						COMBINED SINGLE LIMIT (Ea accident)
	<input type="checkbox"/> OCCUR						\$1,000,000
	<input type="checkbox"/> CLAIMS-MADE						BODILY INJURY (Per person)
	DED						BODILY INJURY (Per accident)
	RETENTION \$						PROPERTY DAMAGE (Per accident)
A	Professional Liability	X		PAC 4725038	02/02/2025 12:00 AM	02/02/2026 12:01 AM	EACH OCCURRENCE
							AGGREGATE LIMIT
							\$1,000,000
A	Abuse and Molestation	X		PAC 4725038	02/02/2025 12:00 AM	02/02/2026 12:01 AM	EACH OCCURRENCE
							GENERAL AGGREGATE
							\$100,000
							\$300,000

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

Covered Activities: Adult Soccer League

The Certificate Holder is added as an additional insured but only with respect to liability arising out of the named insured during the policy period.

Scheduled Activities Exclusion Applies-Please Refer to Named Insured Member Certificate of Coverage

CERTIFICATE HOLDER

Salvation Army
1865 Harrison Avenue
Camden, NJ 08105

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

Special Markets Insurance Consultants



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/03/2025

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PRODUCER Special Markets Insurance Consultants 1055 MAIN ST STE 101 STEVENS POINT, WI 54481-2860	CONTACT NAME:		
	PHONE (A/C, No, Ext):	FAX (A/C, No): 7153446126	
	E-MAIL ADDRESS:		
	INSURER(S) AFFORDING COVERAGE		
	NAIC #		
INSURED SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND ITS PARTICIPATING MEMBERS: South Jersey Masters Soccer League 1437 HURFFVILLE RD DEPTFORD, NJ 08096-3865	INSURER A : Great American Insurance Company		16691
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
	INSURER F :		

COVERAGES**CERTIFICATE NUMBER:** GAS158142**REVISION NUMBER:**

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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$0	
	<input checked="" type="checkbox"/> HOST LIQUOR LIABILITY INCLUDED						PERSONAL & ADV INJURY	\$1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$2,000,000	
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$2,000,000	
A	AUTOMOBILE LIABILITY	X		PAC 4725038	02/02/2025 12:00 AM	02/02/2026 12:01 AM	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)		
	<input type="checkbox"/> ALL OWNED AUTOS						<input type="checkbox"/> SCHEDULED AUTOS	BODILY INJURY (Per accident)	
	<input checked="" type="checkbox"/> HIRED AUTO						<input checked="" type="checkbox"/> NON-OWNED AUTOS	PROPERTY DAMAGE (Per accident)	
	UMBRELLA LIAB						EACH OCCURRENCE		
	<input type="checkbox"/> OCCUR						AGGREGATE		
	EXCESS LIAB						<input type="checkbox"/> CLAIMS-MADE		
	DED	RETENTION \$							
A	Professional Liability	X		PAC 4725038	02/02/2025 12:00 AM	02/02/2026 12:01 AM	EACH OCCURRENCE	\$1,000,000	
							AGGREGATE LIMIT	\$1,000,000	
A	Abuse and Molestation	X		PAC 4725038	02/02/2025 12:00 AM	02/02/2026 12:01 AM	EACH OCCURRENCE	\$100,000	
							GENERAL AGGREGATE	\$300,000	

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

Covered Activities: Adult Soccer League

The Certificate Holder is added as an additional insured but only with respect to liability arising out of the named insured during the policy period.

Scheduled Activities Exclusion Applies-Please Refer to Named Insured Member Certificate of Coverage**CERTIFICATE HOLDER**Township of Gloucester Department of Recreation
1261 Chews Landing – Clementon Rd
Blackwood, NJ 08012**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

Special Markets Insurance Consultants



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/03/2025

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PRODUCER
Special Markets Insurance Consultants
1055 MAIN ST STE 101
STEVENS POINT, WI 54481-2860

CONTACT
NAME:PHONE
(A/C, No, Ext):FAX
(A/C, No):

7153446126

E-MAIL
ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A : Great American Insurance Company

16691

INSURED SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND
ITS PARTICIPATING MEMBERS:
South Jersey Masters Soccer League
1437 HURFFVILLE RD
DEPTFORD, NJ 08096-3865

INSURER B :

INSURER C :

INSURER D :

INSURER E :

INSURER F :

COVERAGES

CERTIFICATE NUMBER: GAS158142

REVISION NUMBER:

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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						\$1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)
	<input checked="" type="checkbox"/> HOST LIQUOR LIABILITY INCLUDED						\$300,000
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A	AUTOMOBILE LIABILITY	X		PAC 4725038	02/02/2025 12:00 AM	02/02/2026 12:01 AM	PERSONAL & ADV INJURY
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	<input type="checkbox"/> SCHEDULED AUTOS						PRODUCTS - COMP/OP AGG
	<input checked="" type="checkbox"/> NON-OWNED AUTOS						\$2,000,000
	UMBRELLA LIAB						COMBINED SINGLE LIMIT (Ea accident)
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Covered Activities: Adult Soccer League

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Scheduled Activities Exclusion Applies-Please Refer to Named Insured Member Certificate of Coverage

CERTIFICATE HOLDER

Township of Gloucester Department of Recreation
Gloucester Township Community Park
Turnersville & Hickstown Rd
Sicklerville, NJ 08081

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED
BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN
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AUTHORIZED REPRESENTATIVE

Special Markets Insurance Consultants



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
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1055 MAIN ST STE 101
STEVENS POINT, WI 54481-2860

CONTACT
NAME:PHONE
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1437 HURFFVILLE RD
DEPTFORD, NJ 08096-3865

INSURER B :

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COVERAGES

CERTIFICATE NUMBER: GAS158142

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Scheduled Activities Exclusion Applies-Please Refer to Named Insured Member Certificate of Coverage

CERTIFICATE HOLDER

Voorhees Township
2400 Voorhees Town Center
Voorhees, NJ 08043

CANCELLATION

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AUTHORIZED REPRESENTATIVE

Special Markets Insurance Consultants



CERTIFICATE OF LIABILITY INSURANCE

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STEVENS POINT, WI 54481-2860

CONTACT
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1437 HURFFVILLE RD
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COVERAGES

CERTIFICATE NUMBER: GAS158142

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	X		PAC 4725038	02/02/2025 12:00 AM	02/02/2026 12:01 AM	EACH OCCURRENCE
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						\$1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)
	<input checked="" type="checkbox"/> HOST LIQUOR LIABILITY INCLUDED						\$300,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC						\$0
A	AUTOMOBILE LIABILITY	X		PAC 4725038	02/02/2025 12:00 AM	02/02/2026 12:01 AM	PERSONAL & ADV INJURY
	<input type="checkbox"/> ANY AUTO						\$1,000,000
	<input type="checkbox"/> ALL OWNED AUTOS						GENERAL AGGREGATE
	<input checked="" type="checkbox"/> HIRED AUTO						\$2,000,000
	<input type="checkbox"/> SCHEDULED AUTOS						PRODUCTS - COMP/OP AGG
	<input checked="" type="checkbox"/> NON-OWNED AUTOS						\$2,000,000
	UMBRELLA LIAB						COMBINED SINGLE LIMIT (Ea accident)
	<input type="checkbox"/> OCCUR						\$1,000,000
	<input type="checkbox"/> CLAIMS-MADE						BODILY INJURY (Per person)
	DED						BODILY INJURY (Per accident)
	RETENTION \$						PROPERTY DAMAGE (Per accident)
A	Professional Liability	X		PAC 4725038	02/02/2025 12:00 AM	02/02/2026 12:01 AM	EACH OCCURRENCE
							AGGREGATE LIMIT
							\$1,000,000
A	Abuse and Molestation	X		PAC 4725038	02/02/2025 12:00 AM	02/02/2026 12:01 AM	EACH OCCURRENCE
							GENERAL AGGREGATE
							\$100,000
							\$300,000

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

Covered Activities: Adult Soccer League

The Certificate Holder is added as an additional insured but only with respect to liability arising out of the named insured during the policy period.

Scheduled Activities Exclusion Applies-Please Refer to Named Insured Member Certificate of Coverage

CERTIFICATE HOLDER

Washington Township Board of Education
206 East Holly Ave
Sewell, NJ 08080

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

Special Markets Insurance Consultants



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/03/2025

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
Special Markets Insurance Consultants
1055 MAIN ST STE 101
STEVENS POINT, WI 54481-2860

CONTACT
NAME:PHONE
(A/C, No, Ext):FAX
(A/C, No):

7153446126

E-MAIL
ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A : Great American Insurance Company

16691

INSURED SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND
ITS PARTICIPATING MEMBERS:
South Jersey Masters Soccer League
1437 HURFFVILLE RD
DEPTFORD, NJ 08096-3865

INSURER B :

INSURER C :

INSURER D :

INSURER E :

INSURER F :

COVERAGES

CERTIFICATE NUMBER: GAS158142

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	X		PAC 4725038	02/02/2025 12:00 AM	02/02/2026 12:01 AM	EACH OCCURRENCE
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						\$1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)
	<input checked="" type="checkbox"/> HOST LIQUOR LIABILITY INCLUDED						\$300,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC						\$0
A	AUTOMOBILE LIABILITY	X		PAC 4725038	02/02/2025 12:00 AM	02/02/2026 12:01 AM	PERSONAL & ADV INJURY
	<input type="checkbox"/> ANY AUTO						\$1,000,000
	<input type="checkbox"/> ALL OWNED AUTOS						GENERAL AGGREGATE
	<input checked="" type="checkbox"/> HIRED AUTO						\$2,000,000
	<input type="checkbox"/> SCHEDULED AUTOS						PRODUCTS - COMP/OP AGG
	<input checked="" type="checkbox"/> NON-OWNED AUTOS						\$2,000,000
	UMBRELLA LIAB						COMBINED SINGLE LIMIT (Ea accident)
	<input type="checkbox"/> OCCUR						\$1,000,000
	EXCESS LIAB						BODILY INJURY (Per person)
	DED						BODILY INJURY (Per accident)
	RETENTION \$						PROPERTY DAMAGE (Per accident)
A	Professional Liability	X		PAC 4725038	02/02/2025 12:00 AM	02/02/2026 12:01 AM	EACH OCCURRENCE
							AGGREGATE LIMIT
							\$1,000,000
A	Abuse and Molestation	X		PAC 4725038	02/02/2025 12:00 AM	02/02/2026 12:01 AM	EACH OCCURRENCE
							GENERAL AGGREGATE
							\$100,000
							\$300,000

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

Covered Activities: Adult Soccer League

The Certificate Holder is added as an additional insured but only with respect to liability arising out of the named insured during the policy period.

Scheduled Activities Exclusion Applies-Please Refer to Named Insured Member Certificate of Coverage

CERTIFICATE HOLDER

West Deptford Township
400 Crown Point Rd
West Deptford, NJ 08086

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

Special Markets Insurance Consultants



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/03/2025

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PRODUCER
Special Markets Insurance Consultants
1055 MAIN ST STE 101
STEVENS POINT, WI 54481-2860

CONTACT
NAME:PHONE
(A/C, No, Ext):FAX
(A/C, No):

7153446126

E-MAIL
ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A : Great American Insurance Company

16691

INSURED SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND
ITS PARTICIPATING MEMBERS:
South Jersey Masters Soccer League
1437 HURFFVILLE RD
DEPTFORD, NJ 08096-3865

INSURER B :

INSURER C :

INSURER D :

INSURER E :

INSURER F :

COVERAGES

CERTIFICATE NUMBER: GAS158142

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.

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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						\$1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)
	<input checked="" type="checkbox"/> HOST LIQUOR LIABILITY INCLUDED						\$300,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC						\$0
A	AUTOMOBILE LIABILITY	X		PAC 4725038	02/02/2025 12:00 AM	02/02/2026 12:01 AM	PERSONAL & ADV INJURY
	<input type="checkbox"/> ANY AUTO						\$1,000,000
	<input type="checkbox"/> ALL OWNED AUTOS						GENERAL AGGREGATE
	<input checked="" type="checkbox"/> HIRED AUTO						\$2,000,000
	<input type="checkbox"/> SCHEDULED AUTOS						PRODUCTS - COMP/OP AGG
	<input checked="" type="checkbox"/> NON-OWNED AUTOS						\$2,000,000
	UMBRELLA LIAB						COMBINED SINGLE LIMIT (Ea accident)
	<input type="checkbox"/> OCCUR						\$1,000,000
	<input type="checkbox"/> CLAIMS-MADE						BODILY INJURY (Per person)
	DED						BODILY INJURY (Per accident)
	RETENTION \$						PROPERTY DAMAGE (Per accident)
A	Professional Liability	X		PAC 4725038	02/02/2025 12:00 AM	02/02/2026 12:01 AM	EACH OCCURRENCE
							AGGREGATE LIMIT
							\$1,000,000
A	Abuse and Molestation	X		PAC 4725038	02/02/2025 12:00 AM	02/02/2026 12:01 AM	EACH OCCURRENCE
							GENERAL AGGREGATE
							\$100,000
							\$300,000

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

Covered Activities: Adult Soccer League

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Scheduled Activities Exclusion Applies-Please Refer to Named Insured Member Certificate of Coverage

CERTIFICATE HOLDER

Westampton Recreation
710 Rancocas Road
Westampton, NJ 08060

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

Special Markets Insurance Consultants



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/03/2025

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PRODUCER Special Markets Insurance Consultants 1055 MAIN ST STE 101 STEVENS POINT, WI 54481-2860	CONTACT NAME:		
	PHONE (A/C, No, Ext):	FAX (A/C, No): 7153446126	
	E-MAIL ADDRESS:		
	INSURER(S) AFFORDING COVERAGE		
	NAIC #		
INSURED SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND ITS PARTICIPATING MEMBERS: South Jersey Masters Soccer League 1437 HURFFVILLE RD DEPTFORD, NJ 08096-3865	INSURER A : Great American Insurance Company		16691
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
	INSURER F :		

COVERAGES**CERTIFICATE NUMBER:** GAS158142**REVISION NUMBER:**

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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$0	
	<input checked="" type="checkbox"/> HOST LIQUOR LIABILITY INCLUDED						PERSONAL & ADV INJURY	\$1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$2,000,000	
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$2,000,000	
A	AUTOMOBILE LIABILITY	X		PAC 4725038	02/02/2025 12:00 AM	02/02/2026 12:01 AM	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)		
	<input type="checkbox"/> ALL OWNED AUTOS						<input type="checkbox"/> SCHEDULED AUTOS	BODILY INJURY (Per accident)	
	<input checked="" type="checkbox"/> HIRED AUTO						<input checked="" type="checkbox"/> NON-OWNED AUTOS	PROPERTY DAMAGE (Per accident)	
	UMBRELLA LIAB						EACH OCCURRENCE		
	<input type="checkbox"/> OCCUR						AGGREGATE		
	EXCESS LIAB						<input type="checkbox"/> CLAIMS-MADE		
	DED	RETENTION \$							
A	Professional Liability	X		PAC 4725038	02/02/2025 12:00 AM	02/02/2026 12:01 AM	EACH OCCURRENCE	\$1,000,000	
							AGGREGATE LIMIT	\$1,000,000	
A	Abuse and Molestation	X		PAC 4725038	02/02/2025 12:00 AM	02/02/2026 12:01 AM	EACH OCCURRENCE	\$100,000	
							GENERAL AGGREGATE	\$300,000	

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

Covered Activities: Adult Soccer League

The Certificate Holder is added as an additional insured but only with respect to liability arising out of the named insured during the policy period.

Scheduled Activities Exclusion Applies-Please Refer to Named Insured Member Certificate of Coverage**CERTIFICATE HOLDER**Woolwich Township
120 Village Green Drive
Woolwich Township, NJ 08085**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

Special Markets Insurance Consultants