



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/30/2026

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<b>PRODUCER</b> <b>Special Markets Insurance Consultants</b> <b>1055 MAIN ST STE 101</b> <b>STEVENS POINT, WI 54481-2860</b>	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> 715-303-6118 <b>FAX (A/C, No):</b> 7153446126 <b>E-MAIL ADDRESS:</b> policyissue@amwins.com	
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>NAIC #</b>	
	<b>INSURER A :</b> Great American Insurance Company <b>16691</b>	
	<b>INSURER B :</b>	
	<b>INSURER C :</b>	
	<b>INSURER D :</b>	
<b>INSURER E :</b>		
<b>INSURER F :</b>		

**COVERAGES**      **CERTIFICATE NUMBER:** GAS174916      **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 WWD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> <b>GEN'L AGGREGATE LIMIT APPLIES PER:</b> <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- <input type="checkbox"/> JECT <input type="checkbox"/> LOC		X	PAC 4725040	02/02/2026 12:00 AM	02/02/2027 12:01 AM	EACH OCCURRENCE      \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence)      \$300,000 MED EXP (Any one person)      \$0 PERSONAL & ADV INJURY      \$1,000,000 GENERAL AGGREGATE      \$2,000,000 PRODUCTS - COMP/OP AGG      \$2,000,000
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	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE AGGREGATE
A	Professional Liability	X		PAC 4725040	02/02/2026 12:00 AM	02/02/2027 12:01 AM	EACH OCCURRENCE AGGREGATE LIMIT      \$1,000,000 \$1,000,000
A	Abuse and Molestation	X		PAC 4725040	02/02/2026 12:00 AM	02/02/2027 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: Soccer

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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Covered Activities: Soccer

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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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Covered Activities: Soccer

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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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Covered Activities: Soccer

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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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### AUTHORIZED REPRESENTATIVE

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## CERTIFICATE HOLDER

Cherry Hill Board of Education 45 Ranoldo Terrace Cherry Hill, NJ 08034	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
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## CANCELLATION



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A	GENERAL LIABILITY			PAC 4725040	02/02/2026 12:00 AM	02/02/2027 12:01 AM	EACH OCCURRENCE      \$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)      \$300,000
	<input type="checkbox"/> CLAIMS-MADE	<input checked="" type="checkbox"/> OCCUR	X				MED EXP (Any one person)      \$0
							PERSONAL & ADV INJURY      \$1,000,000
							GENERAL AGGREGATE      \$2,000,000
							PRODUCTS - COMP/OP AGG      \$2,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)
	ANY AUTO						BODILY INJURY (Per person)
	ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)
	Hired Auto	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)
A	UMBRELLA LIAB	<input type="checkbox"/> OCCUR		PAC 4725040	02/02/2026 12:00 AM	02/02/2027 12:01 AM	EACH OCCURRENCE
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE
	DED	RETENTION \$					
A	Professional Liability	X		PAC 4725040	02/02/2026 12:00 AM	02/02/2027 12:01 AM	EACH OCCURRENCE      \$1,000,000 AGGREGATE LIMIT      \$1,000,000
A	Abuse and Molestation	X		PAC 4725040	02/02/2026 12:00 AM	02/02/2027 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: Soccer

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 08034	<b>CANCELLATION</b> <b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b>	
	<b>AUTHORIZED REPRESENTATIVE</b> <i>Special Markets Insurance Consultants</i>	



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/30/2026

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<b>PRODUCER</b> <b>Special Markets Insurance Consultants</b> <b>1055 MAIN ST STE 101</b> <b>STEVENS POINT, WI 54481-2860</b>	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> 715-303-6118 <b>FAX (A/C, No):</b> 7153446126 <b>E-MAIL ADDRESS:</b> policyissue@amwins.com	
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>NAIC #</b>	
	<b>INSURER A :</b> Great American Insurance Company <b>16691</b>	
	<b>INSURER B :</b>	
	<b>INSURER C :</b>	
	<b>INSURER D :</b>	
<b>INSURER E :</b>		
<b>INSURER F :</b>		

**COVERAGES**      **CERTIFICATE NUMBER:** GAS174916      **REVISION NUMBER:**

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	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTO <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE AGGREGATE
A	Professional Liability	X		PAC 4725040	02/02/2026 12:00 AM	02/02/2027 12:01 AM	EACH OCCURRENCE AGGREGATE LIMIT      \$1,000,000 \$1,000,000
A	Abuse and Molestation	X		PAC 4725040	02/02/2026 12:00 AM	02/02/2027 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: Soccer

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

**CERTIFICATE HOLDER**

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

**CANCELLATION**

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**AUTHORIZED REPRESENTATIVE**

Special Markets Insurance Consultants



# CERTIFICATE OF LIABILITY INSURANCE

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	<b>INSURER A :</b> Great American Insurance Company <b>16691</b>	
	<b>INSURER B :</b>	
	<b>INSURER C :</b>	
	<b>INSURER D :</b>	
<b>INSURER E :</b>		
<b>INSURER F :</b>		

**COVERAGES**      **CERTIFICATE NUMBER:** GAS174916      **REVISION NUMBER:**

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	<input type="checkbox"/> CLAIMS-MADE	<input checked="" type="checkbox"/> OCCUR	X				MED EXP (Any one person)      \$0
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Covered Activities: Soccer

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**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 ACCORDANCE WITH THE POLICY PROVISIONS.

### AUTHORIZED REPRESENTATIVE

Special Markets Insurance Consultants



# CERTIFICATE OF LIABILITY INSURANCE

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**COVERAGES**      **CERTIFICATE NUMBER:** GAS174916      **REVISION NUMBER:**

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	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)      \$300,000
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Covered Activities: Soccer

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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

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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**COVERAGES**      **CERTIFICATE NUMBER:** GAS174916      **REVISION NUMBER:**

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	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE AGGREGATE
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Covered Activities: Soccer

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**CERTIFICATE HOLDER**

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

**CANCELLATION**

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**AUTHORIZED REPRESENTATIVE**

Special Markets Insurance Consultants



# CERTIFICATE OF LIABILITY INSURANCE

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	DED	RETENTION \$					
A	Professional Liability	X		PAC 4725040	02/02/2026 12:00 AM	02/02/2027 12:01 AM	EACH OCCURRENCE      \$1,000,000 AGGREGATE LIMIT      \$1,000,000
A	Abuse and Molestation	X		PAC 4725040	02/02/2026 12:00 AM	02/02/2027 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: Soccer

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

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)  
01/30/2026

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<b>PRODUCER</b> <b>Special Markets Insurance Consultants</b> <b>1055 MAIN ST STE 101</b> <b>STEVENS POINT, WI 54481-2860</b>	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> 715-303-6118 <b>FAX (A/C, No):</b> 7153446126 <b>E-MAIL ADDRESS:</b> policyissue@amwins.com	
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>NAIC #</b>	
	<b>INSURER A :</b> Great American Insurance Company      16691	
	<b>INSURER B :</b>	
	<b>INSURER C :</b>	
	<b>INSURER D :</b>	
<b>INSURER E :</b>		
<b>INSURER F :</b>		

**COVERAGES**      **CERTIFICATE NUMBER:** GAS174916      **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WWD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> <b>GEN'L AGGREGATE LIMIT APPLIES PER:</b> <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- <input type="checkbox"/> JECT <input type="checkbox"/> LOC		X	PAC 4725040	02/02/2026 12:00 AM	02/02/2027 12:01 AM	EACH OCCURRENCE      \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence)      \$300,000 MED EXP (Any one person)      \$0 PERSONAL & ADV INJURY      \$1,000,000 GENERAL AGGREGATE      \$2,000,000 PRODUCTS - COMP/OP AGG      \$2,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTO <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE AGGREGATE
A	Professional Liability	X		PAC 4725040	02/02/2026 12:00 AM	02/02/2027 12:01 AM	EACH OCCURRENCE AGGREGATE LIMIT      \$1,000,000 \$1,000,000
A	Abuse and Molestation	X		PAC 4725040	02/02/2026 12:00 AM	02/02/2027 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: Soccer

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

**CERTIFICATE HOLDER**

Haddon Township Board of Education  
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



# CERTIFICATE OF LIABILITY INSURANCE

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	<b>INSURER A :</b> Great American Insurance Company <b>16691</b>	
	<b>INSURER B :</b>	
	<b>INSURER C :</b>	
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<b>INSURER E :</b>		
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**COVERAGES**      **CERTIFICATE NUMBER:** GAS174916      **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WWD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
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	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)      \$300,000
	<input type="checkbox"/> CLAIMS-MADE	<input checked="" type="checkbox"/> OCCUR	X				MED EXP (Any one person)      \$0
							PERSONAL & ADV INJURY      \$1,000,000
							GENERAL AGGREGATE      \$2,000,000
							PRODUCTS - COMP/OP AGG      \$2,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)
	ANY AUTO						BODILY INJURY (Per person)
	ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)
	Hired Auto	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR					EACH OCCURRENCE
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE
	DED	RETENTION \$					
A	Professional Liability	X		PAC 4725040	02/02/2026 12:00 AM	02/02/2027 12:01 AM	EACH OCCURRENCE AGGREGATE LIMIT      \$1,000,000 \$1,000,000
A	Abuse and Molestation	X		PAC 4725040	02/02/2026 12:00 AM	02/02/2027 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: Soccer

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**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

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### AUTHORIZED REPRESENTATIVE

Special Markets Insurance Consultants



# CERTIFICATE OF LIABILITY INSURANCE

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**COVERAGES**      **CERTIFICATE NUMBER:** GAS174916      **REVISION NUMBER:**

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	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)      \$300,000
	<input type="checkbox"/> CLAIMS-MADE	<input checked="" type="checkbox"/> OCCUR	X				MED EXP (Any one person)      \$0
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	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)
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	ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)
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A	UMBRELLA LIAB	<input type="checkbox"/> OCCUR		PAC 4725040	02/02/2026 12:00 AM	02/02/2027 12:01 AM	EACH OCCURRENCE
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A	Professional Liability	X		PAC 4725040	02/02/2026 12:00 AM	02/02/2027 12:01 AM	EACH OCCURRENCE      \$1,000,000 AGGREGATE LIMIT      \$1,000,000
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Covered Activities: Soccer

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 Hainesport 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)  
01/30/2026

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**COVERAGES**      **CERTIFICATE NUMBER:** GAS174916      **REVISION NUMBER:**

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	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTO <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE AGGREGATE
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Covered Activities: Soccer

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

**CERTIFICATE HOLDER**

Harrison Township Municipal Building  
114 Bridgeton Pike  
Mullica Hill, NJ 08062

**CANCELLATION**

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**AUTHORIZED REPRESENTATIVE**

Special Markets Insurance Consultants



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
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Covered Activities: Soccer

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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

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	<b>INSURER(S) AFFORDING COVERAGE</b> <b>NAIC #</b>	
	<b>INSURER A :</b> Great American Insurance Company <b>16691</b>	
	<b>INSURER B :</b>	
	<b>INSURER C :</b>	
	<b>INSURER D :</b>	
<b>INSURER E :</b>		
<b>INSURER F :</b>		

**COVERAGES**      **CERTIFICATE NUMBER:** GAS174916      **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WWD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> <b>GEN'L AGGREGATE LIMIT APPLIES PER:</b> <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- <input type="checkbox"/> JECT <input type="checkbox"/> LOC		X	PAC 4725040	02/02/2026 12:00 AM	02/02/2027 12:01 AM	EACH OCCURRENCE      \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence)      \$300,000 MED EXP (Any one person)      \$0 PERSONAL & ADV INJURY      \$1,000,000 GENERAL AGGREGATE      \$2,000,000 PRODUCTS - COMP/OP AGG      \$2,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTO <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE AGGREGATE
A	Professional Liability	X		PAC 4725040	02/02/2026 12:00 AM	02/02/2027 12:01 AM	EACH OCCURRENCE AGGREGATE LIMIT      \$1,000,000 \$1,000,000
A	Abuse and Molestation	X		PAC 4725040	02/02/2026 12:00 AM	02/02/2027 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: Soccer

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**

Logan Township Youth Parks & Recreation  
P.O. Box 314  
125 Main Street  
Bridgeport, NJ 08014

**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)  
01/30/2026

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<b>INSURER E :</b>		
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**COVERAGES**      **CERTIFICATE NUMBER:** GAS174916      **REVISION NUMBER:**

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	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTO <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE AGGREGATE
A	Professional Liability	X		PAC 4725040	02/02/2026 12:00 AM	02/02/2027 12:01 AM	EACH OCCURRENCE AGGREGATE LIMIT      \$1,000,000 \$1,000,000
A	Abuse and Molestation	X		PAC 4725040	02/02/2026 12:00 AM	02/02/2027 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: Soccer

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

**CERTIFICATE HOLDER**

Lumberton Township Lumberton Municipal 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)  
01/30/2026

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<b>PRODUCER</b> <b>Special Markets Insurance Consultants</b> <b>1055 MAIN ST STE 101</b> <b>STEVENS POINT, WI 54481-2860</b>	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> 715-303-6118 <b>FAX (A/C, No):</b> 7153446126 <b>E-MAIL ADDRESS:</b> policyissue@amwins.com	
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>NAIC #</b>	
	<b>INSURER A :</b> Great American Insurance Company <b>16691</b>	
	<b>INSURER B :</b>	
	<b>INSURER C :</b>	
	<b>INSURER D :</b>	
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<b>INSURER F :</b>		

**COVERAGES**      **CERTIFICATE NUMBER:** GAS174916      **REVISION NUMBER:**

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A	GENERAL LIABILITY			PAC 4725040	02/02/2026 12:00 AM	02/02/2027 12:01 AM	EACH OCCURRENCE      \$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)      \$300,000
	<input type="checkbox"/> CLAIMS-MADE	<input checked="" type="checkbox"/> OCCUR	X				MED EXP (Any one person)      \$0
							PERSONAL & ADV INJURY      \$1,000,000
							GENERAL AGGREGATE      \$2,000,000
							PRODUCTS - COMP/OP AGG      \$2,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)
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	ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)
	Hired Auto	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)
A	UMBRELLA LIAB	<input type="checkbox"/> OCCUR		PAC 4725040	02/02/2026 12:00 AM	02/02/2027 12:01 AM	EACH OCCURRENCE
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE
	DED	RETENTION \$					
A	Professional Liability	X		PAC 4725040	02/02/2026 12:00 AM	02/02/2027 12:01 AM	EACH OCCURRENCE      \$1,000,000 AGGREGATE LIMIT      \$1,000,000
A	Abuse and Molestation	X		PAC 4725040	02/02/2026 12:00 AM	02/02/2027 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: Soccer

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)  
01/30/2026

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	<b>INSURER(S) AFFORDING COVERAGE</b> <b>NAIC #</b>	
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**COVERAGES**      **CERTIFICATE NUMBER:** GAS174916      **REVISION NUMBER:**

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	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)      \$300,000
	<input type="checkbox"/> CLAIMS-MADE	<input checked="" type="checkbox"/> OCCUR	X				MED EXP (Any one person)      \$0
							PERSONAL & ADV INJURY      \$1,000,000
							GENERAL AGGREGATE      \$2,000,000
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A	UMBRELLA LIAB	<input type="checkbox"/> OCCUR		PAC 4725040	02/02/2026 12:00 AM	02/02/2027 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: Soccer

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

## CERTIFICATE HOLDER

Maple Shade Township  
Contact: Heather Talarico 609-760-9734  
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

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**COVERAGES**      **CERTIFICATE NUMBER:** GAS174916      **REVISION NUMBER:**

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Covered Activities: Soccer

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

## CERTIFICATE HOLDER

Medford Township Recreation  
17 North Main Street  
Medford, NJ 08055

## CANCELLATION

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### AUTHORIZED REPRESENTATIVE

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A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> <b>GEN'L AGGREGATE LIMIT APPLIES PER:</b> <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- <input type="checkbox"/> JECT <input type="checkbox"/> LOC		X	PAC 4725040	02/02/2026 12:00 AM	02/02/2027 12:01 AM	EACH OCCURRENCE      \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence)      \$300,000 MED EXP (Any one person)      \$0 PERSONAL & ADV INJURY      \$1,000,000 GENERAL AGGREGATE      \$2,000,000 PRODUCTS - COMP/OP AGG      \$2,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTO <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE AGGREGATE
A	Professional Liability	X		PAC 4725040	02/02/2026 12:00 AM	02/02/2027 12:01 AM	EACH OCCURRENCE AGGREGATE LIMIT      \$1,000,000 \$1,000,000
A	Abuse and Molestation	X		PAC 4725040	02/02/2026 12:00 AM	02/02/2027 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: Soccer

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**

Millville Soccer Association  
P.O. Box 983  
Millville, NJ 08332

**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)  
01/30/2026

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<b>PRODUCER</b> <b>Special Markets Insurance Consultants</b> <b>1055 MAIN ST STE 101</b> <b>STEVENS POINT, WI 54481-2860</b>	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> 715-303-6118 <b>FAX (A/C, No):</b> 7153446126 <b>E-MAIL ADDRESS:</b> policyissue@amwins.com	
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>NAIC #</b>	
	<b>INSURER A :</b> Great American Insurance Company <b>16691</b>	
	<b>INSURER B :</b>	
	<b>INSURER C :</b>	
	<b>INSURER D :</b>	
<b>INSURER E :</b>		
<b>INSURER F :</b>		

**COVERAGES**      **CERTIFICATE NUMBER:** GAS174916      **REVISION NUMBER:**

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A	GENERAL LIABILITY			PAC 4725040	02/02/2026 12:00 AM	02/02/2027 12:01 AM	EACH OCCURRENCE      \$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)      \$300,000
	<input type="checkbox"/> CLAIMS-MADE	<input checked="" type="checkbox"/> OCCUR	X				MED EXP (Any one person)      \$0
							PERSONAL & ADV INJURY      \$1,000,000
							GENERAL AGGREGATE      \$2,000,000
							PRODUCTS - COMP/OP AGG      \$2,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)
	ANY AUTO						BODILY INJURY (Per person)
	ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)
	Hired Auto	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)
A	UMBRELLA LIAB	<input type="checkbox"/> OCCUR		PAC 4725040	02/02/2026 12:00 AM	02/02/2027 12:01 AM	EACH OCCURRENCE
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	DED	RETENTION \$					
A	Professional Liability	X		PAC 4725040	02/02/2026 12:00 AM	02/02/2027 12:01 AM	EACH OCCURRENCE      \$1,000,000 AGGREGATE LIMIT      \$1,000,000
A	Abuse and Molestation	X		PAC 4725040	02/02/2026 12:00 AM	02/02/2027 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: Soccer

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**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)  
01/30/2026

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	<b>INSURER A :</b> Great American Insurance Company <b>16691</b>	
	<b>INSURER B :</b>	
	<b>INSURER C :</b>	
	<b>INSURER D :</b>	
<b>INSURER E :</b>		
<b>INSURER F :</b>		

**COVERAGES**      **CERTIFICATE NUMBER:** GAS174916      **REVISION NUMBER:**

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	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)      \$300,000
	<input type="checkbox"/> CLAIMS-MADE	<input checked="" type="checkbox"/> OCCUR	X				MED EXP (Any one person)      \$0
							PERSONAL & ADV INJURY      \$1,000,000
							GENERAL AGGREGATE      \$2,000,000
							PRODUCTS - COMP/OP AGG      \$2,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)
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	ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)
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A	UMBRELLA LIAB	<input type="checkbox"/> OCCUR		PAC 4725040	02/02/2026 12:00 AM	02/02/2027 12:01 AM	EACH OCCURRENCE
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	DED	RETENTION \$					
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A	Abuse and Molestation	X		PAC 4725040	02/02/2026 12:00 AM	02/02/2027 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: Soccer

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 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)  
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	<b>INSURER(S) AFFORDING COVERAGE</b> <b>NAIC #</b>	
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	<b>INSURER D :</b>	
<b>INSURER E :</b>		
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**COVERAGES**      **CERTIFICATE NUMBER:** GAS174916      **REVISION NUMBER:**

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	<input type="checkbox"/> CLAIMS-MADE	<input checked="" type="checkbox"/> OCCUR	X				MED EXP (Any one person)      \$0
							PERSONAL & ADV INJURY      \$1,000,000
							GENERAL AGGREGATE      \$2,000,000
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	AUTOMOBILE LIABILITY						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: Soccer

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**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)  
01/30/2026

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**COVERAGES**      **CERTIFICATE NUMBER:** GAS174916      **REVISION NUMBER:**

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

Covered Activities: Soccer

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**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

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### AUTHORIZED REPRESENTATIVE

Special Markets Insurance Consultants



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

Covered Activities: Soccer

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

Pennsauken Board of Education  
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)  
01/30/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERs NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> <b>Special Markets Insurance Consultants</b> <b>1055 MAIN ST STE 101</b> <b>STEVENS POINT, WI 54481-2860</b>	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> 715-303-6118 <b>FAX (A/C, No):</b> 7153446126 <b>E-MAIL ADDRESS:</b> policyissue@amwins.com	
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>NAIC #</b>	
	<b>INSURER A :</b> Great American Insurance Company <b>16691</b>	
	<b>INSURER B :</b>	
	<b>INSURER C :</b>	
	<b>INSURER D :</b>	
<b>INSURER E :</b>		
<b>INSURER F :</b>		

**COVERAGES**      **CERTIFICATE NUMBER:** GAS174916      **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 WWD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> <b>GEN'L AGGREGATE LIMIT APPLIES PER:</b> <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- <input type="checkbox"/> JECT <input type="checkbox"/> LOC		X	PAC 4725040	02/02/2026 12:00 AM	02/02/2027 12:01 AM	EACH OCCURRENCE      \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence)      \$300,000 MED EXP (Any one person)      \$0 PERSONAL & ADV INJURY      \$1,000,000 GENERAL AGGREGATE      \$2,000,000 PRODUCTS - COMP/OP AGG      \$2,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTO <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE AGGREGATE
A	Professional Liability	X		PAC 4725040	02/02/2026 12:00 AM	02/02/2027 12:01 AM	EACH OCCURRENCE AGGREGATE LIMIT      \$1,000,000 \$1,000,000
A	Abuse and Molestation	X		PAC 4725040	02/02/2026 12:00 AM	02/02/2027 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: Soccer

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**

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)  
01/30/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERs NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> <b>Special Markets Insurance Consultants</b> <b>1055 MAIN ST STE 101</b> <b>STEVENS POINT, WI 54481-2860</b>	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> 715-303-6118 <b>FAX (A/C, No):</b> 7153446126 <b>E-MAIL ADDRESS:</b> policyissue@amwins.com	
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>NAIC #</b>	
	<b>INSURER A :</b> Great American Insurance Company <b>16691</b>	
	<b>INSURER B :</b>	
	<b>INSURER C :</b>	
	<b>INSURER D :</b>	
<b>INSURER E :</b>		
<b>INSURER F :</b>		

**COVERAGES**      **CERTIFICATE NUMBER:** GAS174916      **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 WWD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			PAC 4725040	02/02/2026 12:00 AM	02/02/2027 12:01 AM	EACH OCCURRENCE      \$1,000,000
	X 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
							PERSONAL & ADV INJURY      \$1,000,000
							GENERAL AGGREGATE      \$2,000,000
							PRODUCTS - COMP/OP AGG      \$2,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)
	ANY AUTO						BODILY INJURY (Per person)
	ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)
	Hired Auto	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)
A	UMBRELLA LIAB	<input type="checkbox"/> OCCUR		PAC 4725040	02/02/2026 12:00 AM	02/02/2027 12:01 AM	EACH OCCURRENCE
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE
	DED	RETENTION \$					
A	Professional Liability						EACH OCCURRENCE      \$1,000,000 AGGREGATE LIMIT      \$1,000,000
A	Abuse and Molestation						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: Soccer

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

## CERTIFICATE HOLDER

Proof of Insurance	<b>CANCELLATION</b> <b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b>	
	<b>AUTHORIZED REPRESENTATIVE</b> <i>Special Markets Insurance Consultants</i>	



# ADDITIONAL INTEREST SCHEDULE

DATE (MM/DD/YYYY)  
01/30/2026

AGENCY		CARRIER Great American Insurance Company				NAIC CODE 16691
POLICY NUMBER GAS174916/PAC 4725040		EFFECTIVE DATE 02/02/2026 12:00 AM		NAMED INSURED(S) South Jersey Masters Soccer League		

**ADDITIONAL INTEREST (Not all fields apply to all scenarios – provide only the necessary data)**

<b>INTEREST</b> <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<b>LOSS PAYEE</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>NAME AND ADDRESS</b> RANK: _____ <b>EVIDENCE:</b> _____ <b>CERTIFICATE:</b> _____ <b>POLICY:</b> _____ <b>SEND BILL:</b> _____ <b>INTEREST IN ITEM NUMBER</b> Moorestown Township 111 West 2nd Street Moorestown, NJ 08057						<b>LOCATION:</b> _____ <b>BUILDING:</b> _____ <b>VEHICLE:</b> _____ <b>BOAT:</b> _____ <b>AIRPORT:</b> _____ <b>AIRCRAFT:</b> _____ <b>ITEM CLASS:</b> _____ <b>ITEM:</b> _____ <b>ITEM DESCRIPTION</b> _____			
		<b>REFERENCE / LOAN #:</b> _____ <b>INTEREST END DATE:</b> _____						<b>LIEN AMOUNT:</b> _____ <b>PHONE (A/C, No, Ex):</b> _____		<b>FAX (A/C, No):</b> _____	
		<b>REASON FOR INTEREST:</b> _____								<b>E-MAIL ADDRESS:</b> _____	
		<b>NAME AND ADDRESS</b> RANK: _____ <b>EVIDENCE:</b> _____ <b>CERTIFICATE:</b> _____ <b>POLICY:</b> _____ <b>SEND BILL:</b> _____ <b>INTEREST IN ITEM NUMBER</b>						<b>LOCATION:</b> _____ <b>BUILDING:</b> _____ <b>VEHICLE:</b> _____ <b>BOAT:</b> _____ <b>AIRPORT:</b> _____ <b>AIRCRAFT:</b> _____ <b>ITEM CLASS:</b> _____ <b>ITEM:</b> _____ <b>ITEM DESCRIPTION</b> _____			
		<b>REFERENCE / LOAN #:</b> _____ <b>INTEREST END DATE:</b> _____						<b>LIEN AMOUNT:</b> _____ <b>PHONE (A/C, No, Ex):</b> _____		<b>FAX (A/C, No):</b> _____	
		<b>REASON FOR INTEREST:</b> _____								<b>E-MAIL ADDRESS:</b> _____	
<b>NAME AND ADDRESS</b> RANK: _____ <b>EVIDENCE:</b> _____ <b>CERTIFICATE:</b> _____ <b>POLICY:</b> _____ <b>SEND BILL:</b> _____ <b>INTEREST IN ITEM NUMBER</b>						<b>LOCATION:</b> _____ <b>BUILDING:</b> _____ <b>VEHICLE:</b> _____ <b>BOAT:</b> _____ <b>AIRPORT:</b> _____ <b>AIRCRAFT:</b> _____ <b>ITEM CLASS:</b> _____ <b>ITEM:</b> _____ <b>ITEM DESCRIPTION</b> _____					
<b>REFERENCE / LOAN #:</b> _____ <b>INTEREST END DATE:</b> _____						<b>LIEN AMOUNT:</b> _____ <b>PHONE (A/C, No, Ex):</b> _____		<b>FAX (A/C, No):</b> _____			
<b>REASON FOR INTEREST:</b> _____								<b>E-MAIL ADDRESS:</b> _____			
<b>NAME AND ADDRESS</b> RANK: _____ <b>EVIDENCE:</b> _____ <b>CERTIFICATE:</b> _____ <b>POLICY:</b> _____ <b>SEND BILL:</b> _____ <b>INTEREST IN ITEM NUMBER</b>						<b>LOCATION:</b> _____ <b>BUILDING:</b> _____ <b>VEHICLE:</b> _____ <b>BOAT:</b> _____ <b>AIRPORT:</b> _____ <b>AIRCRAFT:</b> _____ <b>ITEM CLASS:</b> _____ <b>ITEM:</b> _____ <b>ITEM DESCRIPTION</b> _____					
<b>REFERENCE / LOAN #:</b> _____ <b>INTEREST END DATE:</b> _____						<b>LIEN AMOUNT:</b> _____ <b>PHONE (A/C, No, Ex):</b> _____		<b>FAX (A/C, No):</b> _____			
<b>REASON FOR INTEREST:</b> _____								<b>E-MAIL ADDRESS:</b> _____			



# ADDITIONAL INTEREST SCHEDULE

DATE (MM/DD/YYYY)  
01/30/2026

AGENCY		CARRIER Great American Insurance Company					NAIC CODE 16691
POLICY NUMBER GAS174916/PAC 4725040		EFFECTIVE DATE 02/02/2026 12:00 AM		NAMED INSURED(S) South Jersey Masters Soccer League			

**ADDITIONAL INTEREST (Not all fields apply to all scenarios – provide only the necessary data)**

<b>INTEREST</b> <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<b>LOSS PAYEE</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>NAME AND ADDRESS</b> RANK: _____ <b>EVIDENCE:</b> _____ <b>CERTIFICATE:</b> _____ <b>POLICY:</b> _____ <b>SEND BILL:</b> _____ <b>INTEREST IN ITEM NUMBER</b> Harrison Township Municipal Building 114 Bridgeton Pike Mullica Hill, NJ 08062						<b>LOCATION:</b> _____ <b>BUILDING:</b> _____ <b>VEHICLE:</b> _____ <b>BOAT:</b> _____ <b>AIRPORT:</b> _____ <b>AIRCRAFT:</b> _____ <b>ITEM CLASS:</b> _____ <b>ITEM:</b> _____ <b>ITEM DESCRIPTION</b> _____	
<b>REASON FOR INTEREST:</b> _____								<b>E-MAIL ADDRESS:</b> _____	
<b>INTEREST</b> <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<b>LOSS PAYEE</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>NAME AND ADDRESS</b> RANK: _____ <b>EVIDENCE:</b> _____ <b>CERTIFICATE:</b> _____ <b>POLICY:</b> _____ <b>SEND BILL:</b> _____ <b>INTEREST IN ITEM NUMBER</b> Woolwich Township 120 Village Green Drive Swedesboro, NJ 08085						<b>LOCATION:</b> _____ <b>BUILDING:</b> _____ <b>VEHICLE:</b> _____ <b>BOAT:</b> _____ <b>AIRPORT:</b> _____ <b>AIRCRAFT:</b> _____ <b>ITEM CLASS:</b> _____ <b>ITEM:</b> _____ <b>ITEM DESCRIPTION</b> _____	
<b>REASON FOR INTEREST:</b> _____								<b>E-MAIL ADDRESS:</b> _____	
<b>INTEREST</b> <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<b>LOSS PAYEE</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>NAME AND ADDRESS</b> RANK: _____ <b>EVIDENCE:</b> _____ <b>CERTIFICATE:</b> _____ <b>POLICY:</b> _____ <b>SEND BILL:</b> _____ <b>INTEREST IN ITEM NUMBER</b> Moorestown Board of Education 803 North Stanwick Road Moorestown, NJ 08057						<b>LOCATION:</b> _____ <b>BUILDING:</b> _____ <b>VEHICLE:</b> _____ <b>BOAT:</b> _____ <b>AIRPORT:</b> _____ <b>AIRCRAFT:</b> _____ <b>ITEM CLASS:</b> _____ <b>ITEM:</b> _____ <b>ITEM DESCRIPTION</b> _____	
<b>REASON FOR INTEREST:</b> _____								<b>E-MAIL ADDRESS:</b> _____	
<b>INTEREST</b> <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<b>LOSS PAYEE</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>NAME AND ADDRESS</b> RANK: _____ <b>EVIDENCE:</b> _____ <b>CERTIFICATE:</b> _____ <b>POLICY:</b> _____ <b>SEND BILL:</b> _____ <b>INTEREST IN ITEM NUMBER</b> Borough of Clayton 125 N. Delsea Drive Clayton, NJ 08312						<b>LOCATION:</b> _____ <b>BUILDING:</b> _____ <b>VEHICLE:</b> _____ <b>BOAT:</b> _____ <b>AIRPORT:</b> _____ <b>AIRCRAFT:</b> _____ <b>ITEM CLASS:</b> _____ <b>ITEM:</b> _____ <b>ITEM DESCRIPTION</b> _____	
<b>REASON FOR INTEREST:</b> _____								<b>E-MAIL ADDRESS:</b> _____	
<b>INTEREST</b> <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<b>LOSS PAYEE</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>NAME AND ADDRESS</b> RANK: _____ <b>EVIDENCE:</b> _____ <b>CERTIFICATE:</b> _____ <b>POLICY:</b> _____ <b>SEND BILL:</b> _____ <b>INTEREST IN ITEM NUMBER</b> Deptford Township Board of Education & The Gloucester Cumberland Salem County School District Joint Insurance Group 890 Bankbridge Road Sewell, NJ 08080						<b>LOCATION:</b> _____ <b>BUILDING:</b> _____ <b>VEHICLE:</b> _____ <b>BOAT:</b> _____ <b>AIRPORT:</b> _____ <b>AIRCRAFT:</b> _____ <b>ITEM CLASS:</b> _____ <b>ITEM:</b> _____ <b>ITEM DESCRIPTION</b> _____	
<b>REASON FOR INTEREST:</b> _____								<b>E-MAIL ADDRESS:</b> _____	



# ADDITIONAL INTEREST SCHEDULE

DATE (MM/DD/YYYY)  
01/30/2026

AGENCY		CARRIER Great American Insurance Company				NAIC CODE 16691
POLICY NUMBER GAS174916/PAC 4725040		EFFECTIVE DATE 02/02/2026 12:00 AM		NAMED INSURED(S) South Jersey Masters Soccer League		

**ADDITIONAL INTEREST (Not all fields apply to all scenarios – provide only the necessary data)**

<b>INTEREST</b> <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<b>LOSS PAYEE</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>NAME AND ADDRESS</b> RANK: _____ <b>EVIDENCE:</b> _____ <b>CERTIFICATE:</b> _____ <b>POLICY:</b> _____ <b>SEND BILL:</b> _____ <b>INTEREST IN ITEM NUMBER</b> <b>East Greenwich Township Department of Parks &amp; Recreation</b> <b>159 Democrat Rd</b> <b>Mickleton , NJ 08056</b>						<b>LOCATION:</b> _____ <b>BUILDING:</b> _____ <b>VEHICLE:</b> _____ <b>BOAT:</b> _____ <b>AIRPORT:</b> _____ <b>AIRCRAFT:</b> _____ <b>ITEM CLASS:</b> _____ <b>ITEM:</b> _____ <b>ITEM DESCRIPTION</b>  <b>REFERENCE / LOAN #:</b> _____ <b>INTEREST END DATE:</b> _____  <b>LIEN AMOUNT:</b> _____ <b>PHONE (A/C, No, Ex):</b> _____ <b>FAX (A/C, No):</b> _____		
REASON FOR INTEREST:								E-MAIL ADDRESS:		
<b>INTEREST</b> <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<b>LOSS PAYEE</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>NAME AND ADDRESS</b> RANK: _____ <b>EVIDENCE:</b> _____ <b>CERTIFICATE:</b> _____ <b>POLICY:</b> _____ <b>SEND BILL:</b> _____ <b>INTEREST IN ITEM NUMBER</b> <b>Voorhees Township</b> <b>2400 Voorhees Town Center</b> <b>Voorhees , NJ 08043</b>						<b>LOCATION:</b> _____ <b>BUILDING:</b> _____ <b>VEHICLE:</b> _____ <b>BOAT:</b> _____ <b>AIRPORT:</b> _____ <b>AIRCRAFT:</b> _____ <b>ITEM CLASS:</b> _____ <b>ITEM:</b> _____ <b>ITEM DESCRIPTION</b>  <b>REFERENCE / LOAN #:</b> _____ <b>INTEREST END DATE:</b> _____  <b>LIEN AMOUNT:</b> _____ <b>PHONE (A/C, No, Ex):</b> _____ <b>FAX (A/C, No):</b> _____		
REASON FOR INTEREST:								E-MAIL ADDRESS:		
<b>INTEREST</b> <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<b>LOSS PAYEE</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>NAME AND ADDRESS</b> RANK: _____ <b>EVIDENCE:</b> _____ <b>CERTIFICATE:</b> _____ <b>POLICY:</b> _____ <b>SEND BILL:</b> _____ <b>INTEREST IN ITEM NUMBER</b> <b>Haddonfield School District</b> <b>1 Lincoln Avenue</b> <b>Haddonfield, NJ 08033</b>						<b>LOCATION:</b> _____ <b>BUILDING:</b> _____ <b>VEHICLE:</b> _____ <b>BOAT:</b> _____ <b>AIRPORT:</b> _____ <b>AIRCRAFT:</b> _____ <b>ITEM CLASS:</b> _____ <b>ITEM:</b> _____ <b>ITEM DESCRIPTION</b>  <b>REFERENCE / LOAN #:</b> _____ <b>INTEREST END DATE:</b> _____  <b>LIEN AMOUNT:</b> _____ <b>PHONE (A/C, No, Ex):</b> _____ <b>FAX (A/C, No):</b> _____		
REASON FOR INTEREST:								E-MAIL ADDRESS:		
<b>INTEREST</b> <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<b>LOSS PAYEE</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>NAME AND ADDRESS</b> RANK: _____ <b>EVIDENCE:</b> _____ <b>CERTIFICATE:</b> _____ <b>POLICY:</b> _____ <b>SEND BILL:</b> _____ <b>INTEREST IN ITEM NUMBER</b> <b>Hainesport Township Hainsport Municipal Field</b> <b>1 Hainesport Centre</b> <b>Hainesport, NJ 08306</b>						<b>LOCATION:</b> _____ <b>BUILDING:</b> _____ <b>VEHICLE:</b> _____ <b>BOAT:</b> _____ <b>AIRPORT:</b> _____ <b>AIRCRAFT:</b> _____ <b>ITEM CLASS:</b> _____ <b>ITEM:</b> _____ <b>ITEM DESCRIPTION</b>  <b>REFERENCE / LOAN #:</b> _____ <b>INTEREST END DATE:</b> _____  <b>LIEN AMOUNT:</b> _____ <b>PHONE (A/C, No, Ex):</b> _____ <b>FAX (A/C, No):</b> _____		
REASON FOR INTEREST:								E-MAIL ADDRESS:		
<b>INTEREST</b> <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<b>LOSS PAYEE</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>NAME AND ADDRESS</b> RANK: _____ <b>EVIDENCE:</b> _____ <b>CERTIFICATE:</b> _____ <b>POLICY:</b> _____ <b>SEND BILL:</b> _____ <b>INTEREST IN ITEM NUMBER</b> <b>Township of Gloucester Department of Recreation</b> <b>1261 Chews Landing – Clementon Rd</b> <b>Blackwood, NJ 08012</b>						<b>LOCATION:</b> _____ <b>BUILDING:</b> _____ <b>VEHICLE:</b> _____ <b>BOAT:</b> _____ <b>AIRPORT:</b> _____ <b>AIRCRAFT:</b> _____ <b>ITEM CLASS:</b> _____ <b>ITEM:</b> _____ <b>ITEM DESCRIPTION</b>  <b>REFERENCE / LOAN #:</b> _____ <b>INTEREST END DATE:</b> _____  <b>LIEN AMOUNT:</b> _____ <b>PHONE (A/C, No, Ex):</b> _____ <b>FAX (A/C, No):</b> _____		
REASON FOR INTEREST:								E-MAIL ADDRESS:		



# ADDITIONAL INTEREST SCHEDULE

DATE (MM/DD/YYYY)  
01/30/2026

AGENCY		CARRIER Great American Insurance Company				NAIC CODE 16691
POLICY NUMBER GAS174916/PAC 4725040		EFFECTIVE DATE 02/02/2026 12:00 AM		NAMED INSURED(S) South Jersey Masters Soccer League		

**ADDITIONAL INTEREST (Not all fields apply to all scenarios – provide only the necessary data)**

<b>INTEREST</b> <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<b>LOSS PAYEE</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>NAME AND ADDRESS</b> RANK: _____ <b>EVIDENCE:</b> _____ <b>CERTIFICATE:</b> _____ <b>POLICY:</b> _____ <b>SEND BILL:</b> _____ <b>INTEREST IN ITEM NUMBER</b> Lumberton Township Lumberton Municipal Complex 35 Municipal Dr Lumberton , NJ 08048						<b>LOCATION:</b> _____ <b>BUILDING:</b> _____ <b>VEHICLE:</b> _____ <b>BOAT:</b> _____ <b>AIRPORT:</b> _____ <b>AIRCRAFT:</b> _____ <b>ITEM CLASS:</b> _____ <b>ITEM:</b> _____ <b>ITEM DESCRIPTION</b>	
		<b>REFERENCE / LOAN #:</b> _____		<b>INTEREST END DATE:</b> _____					
		<b>LIEN AMOUNT:</b> _____		<b>PHONE (A/C, No, Ex):</b> _____					
<b>REASON FOR INTEREST:</b> _____								<b>E-MAIL ADDRESS:</b> _____	
<b>INTEREST</b> <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<b>LOSS PAYEE</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>NAME AND ADDRESS</b> RANK: _____ <b>EVIDENCE:</b> _____ <b>CERTIFICATE:</b> _____ <b>POLICY:</b> _____ <b>SEND BILL:</b> _____ <b>INTEREST IN ITEM NUMBER</b> City of Vineland Recreation Commission 1086 E Walnut Road Vineland, NJ 08360						<b>LOCATION:</b> _____ <b>BUILDING:</b> _____ <b>VEHICLE:</b> _____ <b>BOAT:</b> _____ <b>AIRPORT:</b> _____ <b>AIRCRAFT:</b> _____ <b>ITEM CLASS:</b> _____ <b>ITEM:</b> _____ <b>ITEM DESCRIPTION</b>	
		<b>REFERENCE / LOAN #:</b> _____		<b>INTEREST END DATE:</b> _____					
		<b>LIEN AMOUNT:</b> _____		<b>PHONE (A/C, No, Ex):</b> _____					
<b>REASON FOR INTEREST:</b> _____								<b>E-MAIL ADDRESS:</b> _____	
<b>INTEREST</b> <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<b>LOSS PAYEE</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>NAME AND ADDRESS</b> RANK: _____ <b>EVIDENCE:</b> _____ <b>CERTIFICATE:</b> _____ <b>POLICY:</b> _____ <b>SEND BILL:</b> _____ <b>INTEREST IN ITEM NUMBER</b> Borough of Berlin - Recreation Department 59 South White Horse Pike Berlin, NJ 08009						<b>LOCATION:</b> _____ <b>BUILDING:</b> _____ <b>VEHICLE:</b> _____ <b>BOAT:</b> _____ <b>AIRPORT:</b> _____ <b>AIRCRAFT:</b> _____ <b>ITEM CLASS:</b> _____ <b>ITEM:</b> _____ <b>ITEM DESCRIPTION</b>	
		<b>REFERENCE / LOAN #:</b> _____		<b>INTEREST END DATE:</b> _____					
		<b>LIEN AMOUNT:</b> _____		<b>PHONE (A/C, No, Ex):</b> _____					
<b>REASON FOR INTEREST:</b> _____								<b>E-MAIL ADDRESS:</b> _____	
<b>INTEREST</b> <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<b>LOSS PAYEE</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>NAME AND ADDRESS</b> RANK: _____ <b>EVIDENCE:</b> _____ <b>CERTIFICATE:</b> _____ <b>POLICY:</b> _____ <b>SEND BILL:</b> _____ <b>INTEREST IN ITEM NUMBER</b> Rowan University, the State of New Jersey & New Jersey Educational Facilities Authority 1124 State Street International House Annex Glassboro, NJ 08028						<b>LOCATION:</b> _____ <b>BUILDING:</b> _____ <b>VEHICLE:</b> _____ <b>BOAT:</b> _____ <b>AIRPORT:</b> _____ <b>AIRCRAFT:</b> _____ <b>ITEM CLASS:</b> _____ <b>ITEM:</b> _____ <b>ITEM DESCRIPTION</b>	
		<b>REFERENCE / LOAN #:</b> _____		<b>INTEREST END DATE:</b> _____					
		<b>LIEN AMOUNT:</b> _____		<b>PHONE (A/C, No, Ex):</b> _____					
<b>REASON FOR INTEREST:</b> _____								<b>E-MAIL ADDRESS:</b> _____	
<b>INTEREST</b> <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<b>LOSS PAYEE</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>NAME AND ADDRESS</b> RANK: _____ <b>EVIDENCE:</b> _____ <b>CERTIFICATE:</b> _____ <b>POLICY:</b> _____ <b>SEND BILL:</b> _____ <b>INTEREST IN ITEM NUMBER</b> Maple Shade Township Contact: Heather Talarico 609-760-9734 200 Stiles Ave Maple Shade, NJ 08052						<b>LOCATION:</b> _____ <b>BUILDING:</b> _____ <b>VEHICLE:</b> _____ <b>BOAT:</b> _____ <b>AIRPORT:</b> _____ <b>AIRCRAFT:</b> _____ <b>ITEM CLASS:</b> _____ <b>ITEM:</b> _____ <b>ITEM DESCRIPTION</b>	
		<b>REFERENCE / LOAN #:</b> _____		<b>INTEREST END DATE:</b> _____					
		<b>LIEN AMOUNT:</b> _____		<b>PHONE (A/C, No, Ex):</b> _____					
<b>REASON FOR INTEREST:</b> _____								<b>E-MAIL ADDRESS:</b> _____	



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01/30/2026

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**ADDITIONAL INTEREST (Not all fields apply to all scenarios – provide only the necessary data)**

<b>INTEREST</b> <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<b>LOSS PAYEE</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>NAME AND ADDRESS</b> RANK: _____ <b>EVIDENCE:</b> _____ <b>CERTIFICATE:</b> _____ <b>POLICY:</b> _____ <b>SEND BILL:</b> _____ <b>INTEREST IN ITEM NUMBER</b> Millville Soccer Association P.O. Box 983 Millville, NJ 08332						<b>LOCATION:</b> _____ <b>BUILDING:</b> _____ <b>VEHICLE:</b> _____ <b>BOAT:</b> _____ <b>AIRPORT:</b> _____ <b>AIRCRAFT:</b> _____ <b>ITEM CLASS:</b> _____ <b>ITEM:</b> _____ <b>ITEM DESCRIPTION</b>  <b>REFERENCE / LOAN #:</b> _____ <b>INTEREST END DATE:</b> _____  <b>LIEN AMOUNT:</b> _____ <b>PHONE (A/C, No, Ex):</b> _____ <b>FAX (A/C, No):</b> _____	
<b>REASON FOR INTEREST:</b> _____								<b>E-MAIL ADDRESS:</b> _____	
<b>INTEREST</b> <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<b>LOSS PAYEE</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>NAME AND ADDRESS</b> RANK: _____ <b>EVIDENCE:</b> _____ <b>CERTIFICATE:</b> _____ <b>POLICY:</b> _____ <b>SEND BILL:</b> _____ <b>INTEREST IN ITEM NUMBER</b> Delanco Township 770 Coopertown Road Delanco, NJ 08075						<b>LOCATION:</b> _____ <b>BUILDING:</b> _____ <b>VEHICLE:</b> _____ <b>BOAT:</b> _____ <b>AIRPORT:</b> _____ <b>AIRCRAFT:</b> _____ <b>ITEM CLASS:</b> _____ <b>ITEM:</b> _____ <b>ITEM DESCRIPTION</b>  <b>REFERENCE / LOAN #:</b> _____ <b>INTEREST END DATE:</b> _____  <b>LIEN AMOUNT:</b> _____ <b>PHONE (A/C, No, Ex):</b> _____ <b>FAX (A/C, No):</b> _____	
<b>REASON FOR INTEREST:</b> _____								<b>E-MAIL ADDRESS:</b> _____	
<b>INTEREST</b> <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<b>LOSS PAYEE</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>NAME AND ADDRESS</b> RANK: _____ <b>EVIDENCE:</b> _____ <b>CERTIFICATE:</b> _____ <b>POLICY:</b> _____ <b>SEND BILL:</b> _____ <b>INTEREST IN ITEM NUMBER</b> Logan Township Youth Parks & Recreation P.O. Box 314 125 Main Street Bridgeport, NJ 08014						<b>LOCATION:</b> _____ <b>BUILDING:</b> _____ <b>VEHICLE:</b> _____ <b>BOAT:</b> _____ <b>AIRPORT:</b> _____ <b>AIRCRAFT:</b> _____ <b>ITEM CLASS:</b> _____ <b>ITEM:</b> _____ <b>ITEM DESCRIPTION</b>  <b>REFERENCE / LOAN #:</b> _____ <b>INTEREST END DATE:</b> _____  <b>LIEN AMOUNT:</b> _____ <b>PHONE (A/C, No, Ex):</b> _____ <b>FAX (A/C, No):</b> _____	
<b>REASON FOR INTEREST:</b> _____								<b>E-MAIL ADDRESS:</b> _____	
<b>INTEREST</b> <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<b>LOSS PAYEE</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>NAME AND ADDRESS</b> RANK: _____ <b>EVIDENCE:</b> _____ <b>CERTIFICATE:</b> _____ <b>POLICY:</b> _____ <b>SEND BILL:</b> _____ <b>INTEREST IN ITEM NUMBER</b> Washington Township Board of Education 206 East Holly Ave Sewell, NJ 80808						<b>LOCATION:</b> _____ <b>BUILDING:</b> _____ <b>VEHICLE:</b> _____ <b>BOAT:</b> _____ <b>AIRPORT:</b> _____ <b>AIRCRAFT:</b> _____ <b>ITEM CLASS:</b> _____ <b>ITEM:</b> _____ <b>ITEM DESCRIPTION</b>  <b>REFERENCE / LOAN #:</b> _____ <b>INTEREST END DATE:</b> _____  <b>LIEN AMOUNT:</b> _____ <b>PHONE (A/C, No, Ex):</b> _____ <b>FAX (A/C, No):</b> _____	
<b>REASON FOR INTEREST:</b> _____								<b>E-MAIL ADDRESS:</b> _____	
<b>INTEREST</b> <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<b>LOSS PAYEE</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>NAME AND ADDRESS</b> RANK: _____ <b>EVIDENCE:</b> _____ <b>CERTIFICATE:</b> _____ <b>POLICY:</b> _____ <b>SEND BILL:</b> _____ <b>INTEREST IN ITEM NUMBER</b> Board of Education of Lenape Regional High School District 93 Willow Grove Rd. Shamong, NJ 08088						<b>LOCATION:</b> _____ <b>BUILDING:</b> _____ <b>VEHICLE:</b> _____ <b>BOAT:</b> _____ <b>AIRPORT:</b> _____ <b>AIRCRAFT:</b> _____ <b>ITEM CLASS:</b> _____ <b>ITEM:</b> _____ <b>ITEM DESCRIPTION</b>  <b>REFERENCE / LOAN #:</b> _____ <b>INTEREST END DATE:</b> _____  <b>LIEN AMOUNT:</b> _____ <b>PHONE (A/C, No, Ex):</b> _____ <b>FAX (A/C, No):</b> _____	
<b>REASON FOR INTEREST:</b> _____								<b>E-MAIL ADDRESS:</b> _____	



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**ADDITIONAL INTEREST (Not all fields apply to all scenarios – provide only the necessary data)**

<b>INTEREST</b> <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<b>LOSS PAYEE</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>NAME AND ADDRESS</b> RANK: _____ <b>EVIDENCE:</b> _____ <b>CERTIFICATE:</b> _____ <b>POLICY:</b> _____ <b>SEND BILL:</b> _____ <b>INTEREST IN ITEM NUMBER</b> Cherry Hill Board of Education 45 Ranoldo Terrace Cherry Hill, NJ 08034						<b>LOCATION:</b> _____ <b>BUILDING:</b> _____ <b>VEHICLE:</b> _____ <b>BOAT:</b> _____ <b>AIRPORT:</b> _____ <b>AIRCRAFT:</b> _____ <b>ITEM CLASS:</b> _____ <b>ITEM:</b> _____ <b>ITEM DESCRIPTION</b> _____	
<b>REASON FOR INTEREST:</b> _____								<b>E-MAIL ADDRESS:</b> _____	
<b>INTEREST</b> <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<b>LOSS PAYEE</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>NAME AND ADDRESS</b> RANK: _____ <b>EVIDENCE:</b> _____ <b>CERTIFICATE:</b> _____ <b>POLICY:</b> _____ <b>SEND BILL:</b> _____ <b>INTEREST IN ITEM NUMBER</b> Locke Avenue Park 121-217 High Hill Rd Woolwich, NJ 08085						<b>LOCATION:</b> _____ <b>BUILDING:</b> _____ <b>VEHICLE:</b> _____ <b>BOAT:</b> _____ <b>AIRPORT:</b> _____ <b>AIRCRAFT:</b> _____ <b>ITEM CLASS:</b> _____ <b>ITEM:</b> _____ <b>ITEM DESCRIPTION</b> _____	
<b>REASON FOR INTEREST:</b> _____								<b>E-MAIL ADDRESS:</b> _____	
<b>INTEREST</b> <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<b>LOSS PAYEE</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>NAME AND ADDRESS</b> RANK: _____ <b>EVIDENCE:</b> _____ <b>CERTIFICATE:</b> _____ <b>POLICY:</b> _____ <b>SEND BILL:</b> _____ <b>INTEREST IN ITEM NUMBER</b> Rowan University, the State of New Jersey & New Jersey Educational Facilities Authority 201 Mullica Hill Road Glassboro, NJ 08028						<b>LOCATION:</b> _____ <b>BUILDING:</b> _____ <b>VEHICLE:</b> _____ <b>BOAT:</b> _____ <b>AIRPORT:</b> _____ <b>AIRCRAFT:</b> _____ <b>ITEM CLASS:</b> _____ <b>ITEM:</b> _____ <b>ITEM DESCRIPTION</b> _____	
<b>REASON FOR INTEREST:</b> _____								<b>E-MAIL ADDRESS:</b> _____	
<b>INTEREST</b> <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<b>LOSS PAYEE</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>NAME AND ADDRESS</b> RANK: _____ <b>EVIDENCE:</b> _____ <b>CERTIFICATE:</b> _____ <b>POLICY:</b> _____ <b>SEND BILL:</b> _____ <b>INTEREST IN ITEM NUMBER</b> Salem County Recreational Site US-130 & Perkintown Rd Oldmans Township, NJ 08067						<b>LOCATION:</b> _____ <b>BUILDING:</b> _____ <b>VEHICLE:</b> _____ <b>BOAT:</b> _____ <b>AIRPORT:</b> _____ <b>AIRCRAFT:</b> _____ <b>ITEM CLASS:</b> _____ <b>ITEM:</b> _____ <b>ITEM DESCRIPTION</b> _____	
<b>REASON FOR INTEREST:</b> _____								<b>E-MAIL ADDRESS:</b> _____	
<b>INTEREST</b> <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<b>LOSS PAYEE</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>NAME AND ADDRESS</b> RANK: _____ <b>EVIDENCE:</b> _____ <b>CERTIFICATE:</b> _____ <b>POLICY:</b> _____ <b>SEND BILL:</b> _____ <b>INTEREST IN ITEM NUMBER</b> Westampton Recreation 710 Rancocas Road Westampton, NJ 08060						<b>LOCATION:</b> _____ <b>BUILDING:</b> _____ <b>VEHICLE:</b> _____ <b>BOAT:</b> _____ <b>AIRPORT:</b> _____ <b>AIRCRAFT:</b> _____ <b>ITEM CLASS:</b> _____ <b>ITEM:</b> _____ <b>ITEM DESCRIPTION</b> _____	
<b>REASON FOR INTEREST:</b> _____								<b>E-MAIL ADDRESS:</b> _____	



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<b>INTEREST</b> <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<b>LOSS PAYEE</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>NAME AND ADDRESS</b> RANK: _____ <b>EVIDENCE:</b> _____ <b>CERTIFICATE:</b> _____ <b>POLICY:</b> _____ <b>SEND BILL:</b> _____ <b>INTEREST IN ITEM NUMBER</b> Cinnaminson Parks & Recreation Memorial Park Forklanding Road Cinnaminson, NJ 08077						<b>LOCATION:</b> _____ <b>BUILDING:</b> _____ <b>VEHICLE:</b> _____ <b>BOAT:</b> _____ <b>AIRPORT:</b> _____ <b>AIRCRAFT:</b> _____ <b>ITEM CLASS:</b> _____ <b>ITEM:</b> _____ <b>ITEM DESCRIPTION</b> REFERENCE / LOAN #: _____ LIEN AMOUNT: _____ <b>PHONE (A/C, No, Ex):</b> _____ <b>FAX (A/C, No):</b> _____		
REASON FOR INTEREST:								E-MAIL ADDRESS:		
<b>INTEREST</b> <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<b>LOSS PAYEE</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>NAME AND ADDRESS</b> RANK: _____ <b>EVIDENCE:</b> _____ <b>CERTIFICATE:</b> _____ <b>POLICY:</b> _____ <b>SEND BILL:</b> _____ <b>INTEREST IN ITEM NUMBER</b> Monroe Township Youth Soccer, Corkery Lane Soccer Complex Corkery Lane Williamstown, NJ 08094						<b>LOCATION:</b> _____ <b>BUILDING:</b> _____ <b>VEHICLE:</b> _____ <b>BOAT:</b> _____ <b>AIRPORT:</b> _____ <b>AIRCRAFT:</b> _____ <b>ITEM CLASS:</b> _____ <b>ITEM:</b> _____ <b>ITEM DESCRIPTION</b> REFERENCE / LOAN #: _____ LIEN AMOUNT: _____ <b>PHONE (A/C, No, Ex):</b> _____ <b>FAX (A/C, No):</b> _____		
REASON FOR INTEREST:								E-MAIL ADDRESS:		
<b>INTEREST</b> <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<b>LOSS PAYEE</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>NAME AND ADDRESS</b> RANK: _____ <b>EVIDENCE:</b> _____ <b>CERTIFICATE:</b> _____ <b>POLICY:</b> _____ <b>SEND BILL:</b> _____ <b>INTEREST IN ITEM NUMBER</b> Pennsauken Board of Education Hamilton Road Pennsauken, NJ 08109						<b>LOCATION:</b> _____ <b>BUILDING:</b> _____ <b>VEHICLE:</b> _____ <b>BOAT:</b> _____ <b>AIRPORT:</b> _____ <b>AIRCRAFT:</b> _____ <b>ITEM CLASS:</b> _____ <b>ITEM:</b> _____ <b>ITEM DESCRIPTION</b> REFERENCE / LOAN #: _____ LIEN AMOUNT: _____ <b>PHONE (A/C, No, Ex):</b> _____ <b>FAX (A/C, No):</b> _____		
REASON FOR INTEREST:								E-MAIL ADDRESS:		
<b>INTEREST</b> <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<b>LOSS PAYEE</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>NAME AND ADDRESS</b> RANK: _____ <b>EVIDENCE:</b> _____ <b>CERTIFICATE:</b> _____ <b>POLICY:</b> _____ <b>SEND BILL:</b> _____ <b>INTEREST IN ITEM NUMBER</b> Oldmans Township School 10 Freed Rd. Pedricktown, NJ 08067						<b>LOCATION:</b> _____ <b>BUILDING:</b> _____ <b>VEHICLE:</b> _____ <b>BOAT:</b> _____ <b>AIRPORT:</b> _____ <b>AIRCRAFT:</b> _____ <b>ITEM CLASS:</b> _____ <b>ITEM:</b> _____ <b>ITEM DESCRIPTION</b> REFERENCE / LOAN #: _____ LIEN AMOUNT: _____ <b>PHONE (A/C, No, Ex):</b> _____ <b>FAX (A/C, No):</b> _____		
REASON FOR INTEREST:								E-MAIL ADDRESS:		
<b>INTEREST</b> <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<b>LOSS PAYEE</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>NAME AND ADDRESS</b> RANK: _____ <b>EVIDENCE:</b> _____ <b>CERTIFICATE:</b> _____ <b>POLICY:</b> _____ <b>SEND BILL:</b> _____ <b>INTEREST IN ITEM NUMBER</b> NJ Regional School District 180 Mansfield Rd. East. Columbus, NJ 08022						<b>LOCATION:</b> _____ <b>BUILDING:</b> _____ <b>VEHICLE:</b> _____ <b>BOAT:</b> _____ <b>AIRPORT:</b> _____ <b>AIRCRAFT:</b> _____ <b>ITEM CLASS:</b> _____ <b>ITEM:</b> _____ <b>ITEM DESCRIPTION</b> REFERENCE / LOAN #: _____ LIEN AMOUNT: _____ <b>PHONE (A/C, No, Ex):</b> _____ <b>FAX (A/C, No):</b> _____		
REASON FOR INTEREST:								E-MAIL ADDRESS:		



# ADDITIONAL INTEREST SCHEDULE

DATE (MM/DD/YYYY)  
01/30/2026

AGENCY		CARRIER Great American Insurance Company				NAIC CODE 16691
POLICY NUMBER GAS174916/PAC 4725040		EFFECTIVE DATE 02/02/2026 12:00 AM		NAMED INSURED(S) South Jersey Masters Soccer League		

**ADDITIONAL INTEREST (Not all fields apply to all scenarios – provide only the necessary data)**

<b>INTEREST</b> <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<b>LOSS PAYEE</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>NAME AND ADDRESS</b> RANK: _____ <b>EVIDENCE:</b> _____ <b>CERTIFICATE:</b> _____ <b>POLICY:</b> _____ <b>SEND BILL:</b> _____ <b>INTEREST IN ITEM NUMBER</b> Pennsauken Township Hamilton Road Pennsauken, NJ 08109						<b>LOCATION:</b> _____ <b>BUILDING:</b> _____ <b>VEHICLE:</b> _____ <b>BOAT:</b> _____ <b>AIRPORT:</b> _____ <b>AIRCRAFT:</b> _____ <b>ITEM CLASS:</b> _____ <b>ITEM:</b> _____ <b>ITEM DESCRIPTION</b>  <b>REFERENCE / LOAN #:</b> _____ <b>INTEREST END DATE:</b> _____  <b>LIEN AMOUNT:</b> _____ <b>PHONE (A/C, No, Ex):</b> _____ <b>FAX (A/C, No):</b> _____	
<b>REASON FOR INTEREST:</b> _____								<b>E-MAIL ADDRESS:</b> _____	
<b>INTEREST</b> <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<b>LOSS PAYEE</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>NAME AND ADDRESS</b> RANK: _____ <b>EVIDENCE:</b> _____ <b>CERTIFICATE:</b> _____ <b>POLICY:</b> _____ <b>SEND BILL:</b> _____ <b>INTEREST IN ITEM NUMBER</b> West Deptford Township 400 Crown Point West Deptford, NJ 08086						<b>LOCATION:</b> _____ <b>BUILDING:</b> _____ <b>VEHICLE:</b> _____ <b>BOAT:</b> _____ <b>AIRPORT:</b> _____ <b>AIRCRAFT:</b> _____ <b>ITEM CLASS:</b> _____ <b>ITEM:</b> _____ <b>ITEM DESCRIPTION</b>  <b>REFERENCE / LOAN #:</b> _____ <b>INTEREST END DATE:</b> _____  <b>LIEN AMOUNT:</b> _____ <b>PHONE (A/C, No, Ex):</b> _____ <b>FAX (A/C, No):</b> _____	
<b>REASON FOR INTEREST:</b> _____								<b>E-MAIL ADDRESS:</b> _____	
<b>INTEREST</b> <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<b>LOSS PAYEE</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>NAME AND ADDRESS</b> RANK: _____ <b>EVIDENCE:</b> _____ <b>CERTIFICATE:</b> _____ <b>POLICY:</b> _____ <b>SEND BILL:</b> _____ <b>INTEREST IN ITEM NUMBER</b> Winslow Township 125 South Route 73 Braddock, NJ 08037						<b>LOCATION:</b> _____ <b>BUILDING:</b> _____ <b>VEHICLE:</b> _____ <b>BOAT:</b> _____ <b>AIRPORT:</b> _____ <b>AIRCRAFT:</b> _____ <b>ITEM CLASS:</b> _____ <b>ITEM:</b> _____ <b>ITEM DESCRIPTION</b>  <b>REFERENCE / LOAN #:</b> _____ <b>INTEREST END DATE:</b> _____  <b>LIEN AMOUNT:</b> _____ <b>PHONE (A/C, No, Ex):</b> _____ <b>FAX (A/C, No):</b> _____	
<b>REASON FOR INTEREST:</b> _____								<b>E-MAIL ADDRESS:</b> _____	
<b>INTEREST</b> <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<b>LOSS PAYEE</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>NAME AND ADDRESS</b> RANK: _____ <b>EVIDENCE:</b> _____ <b>CERTIFICATE:</b> _____ <b>POLICY:</b> _____ <b>SEND BILL:</b> _____ <b>INTEREST IN ITEM NUMBER</b> Salvation Army 1865 Harrison Ave Camden, NJ 08105						<b>LOCATION:</b> _____ <b>BUILDING:</b> _____ <b>VEHICLE:</b> _____ <b>BOAT:</b> _____ <b>AIRPORT:</b> _____ <b>AIRCRAFT:</b> _____ <b>ITEM CLASS:</b> _____ <b>ITEM:</b> _____ <b>ITEM DESCRIPTION</b>  <b>REFERENCE / LOAN #:</b> _____ <b>INTEREST END DATE:</b> _____  <b>LIEN AMOUNT:</b> _____ <b>PHONE (A/C, No, Ex):</b> _____ <b>FAX (A/C, No):</b> _____	
<b>REASON FOR INTEREST:</b> _____								<b>E-MAIL ADDRESS:</b> _____	

The above are added as additional insured but only with respect to liability arising out of operations of the named insured during the policy period.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/30/2026

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**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> <b>Special Markets Insurance Consultants</b> <b>1055 MAIN ST STE 101</b> <b>STEVENS POINT, WI 54481-2860</b>	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> 715-303-6118 <b>FAX (A/C, No):</b> 7153446126 <b>E-MAIL ADDRESS:</b> policyissue@amwins.com	
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>NAIC #</b>	
	<b>INSURER A :</b> Great American Insurance Company <b>16691</b>	
	<b>INSURER B :</b>	
	<b>INSURER C :</b>	
	<b>INSURER D :</b>	
<b>INSURER E :</b>		
<b>INSURER F :</b>		

**COVERAGES**      **CERTIFICATE NUMBER:** GAS174916      **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 WWD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> <b>GEN'L AGGREGATE LIMIT APPLIES PER:</b> <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- <input type="checkbox"/> JECT <input type="checkbox"/> LOC		X	PAC 4725040	02/02/2026 12:00 AM	02/02/2027 12:01 AM	EACH OCCURRENCE      \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence)      \$300,000 MED EXP (Any one person)      \$0 PERSONAL & ADV INJURY      \$1,000,000 GENERAL AGGREGATE      \$2,000,000 PRODUCTS - COMP/OP AGG      \$2,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTO <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE AGGREGATE
A	Professional Liability	X		PAC 4725040	02/02/2026 12:00 AM	02/02/2027 12:01 AM	EACH OCCURRENCE AGGREGATE LIMIT      \$1,000,000 \$1,000,000
A	Abuse and Molestation	X		PAC 4725040	02/02/2026 12:00 AM	02/02/2027 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: Soccer

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**

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)  
01/30/2026

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PRODUCER <b>Special Markets Insurance Consultants</b> 1055 MAIN ST STE 101 STEVENS POINT, WI 54481-2860	CONTACT NAME:			
	PHONE (A/C, No, Ext):	715-303-6118	FAX (A/C, No):	7153446126
	E-MAIL ADDRESS:	policyissue@amwins.com		
	INSURER(S) AFFORDING COVERAGE		NAIC #	
	INSURER A : Great American Insurance Company		16691	
	INSURER B :			
INSURER C :				
INSURER D :				
INSURER E :				
INSURER F :				

COVERAGES      CERTIFICATE NUMBER: GAS174916      REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WWD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		X	PAC 4725040	02/02/2026 12:00 AM	02/02/2027 12:01 AM	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$0 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTO <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$300,000 BODILY INJURY (Per accident) \$0 PROPERTY DAMAGE (Per accident) \$1,000,000
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE					EACH OCCURRENCE \$1,000,000 AGGREGATE \$300,000
A	DED RETENTION \$			PAC 4725040	02/02/2026 12:00 AM	02/02/2027 12:01 AM	EACH OCCURRENCE \$1,000,000 AGGREGATE LIMIT \$1,000,000
A	Professional Liability	X		PAC 4725040	02/02/2026 12:00 AM	02/02/2027 12:01 AM	EACH OCCURRENCE \$1,000,000 AGGREGATE LIMIT \$1,000,000
A	Abuse and Molestation	X		PAC 4725040	02/02/2026 12:00 AM	02/02/2027 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: Soccer

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

Rowan University, the State of New Jersey & New Jersey  
Educational Facilities Authority  
201 Mullica Hill Road  
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

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01/30/2026

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<b>PRODUCER</b> <b>Special Markets Insurance Consultants</b> <b>1055 MAIN ST STE 101</b> <b>STEVENS POINT, WI 54481-2860</b>	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> 715-303-6118 <b>FAX (A/C, No):</b> 7153446126 <b>E-MAIL ADDRESS:</b> policyissue@amwins.com	
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>NAIC #</b>	
	<b>INSURER A :</b> Great American Insurance Company <b>16691</b>	
	<b>INSURER B :</b>	
	<b>INSURER C :</b>	
	<b>INSURER D :</b>	
<b>INSURER E :</b>		
<b>INSURER F :</b>		

**COVERAGES**      **CERTIFICATE NUMBER:** GAS174916      **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WWD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			PAC 4725040	02/02/2026 12:00 AM	02/02/2027 12:01 AM	EACH OCCURRENCE      \$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)      \$300,000
	<input type="checkbox"/> CLAIMS-MADE	<input checked="" type="checkbox"/> OCCUR	X				MED EXP (Any one person)      \$0
							PERSONAL & ADV INJURY      \$1,000,000
							GENERAL AGGREGATE      \$2,000,000
							PRODUCTS - COMP/OP AGG      \$2,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)
	ANY AUTO						BODILY INJURY (Per person)
	ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)
	Hired Auto	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)
A	UMBRELLA LIAB	<input type="checkbox"/> OCCUR		PAC 4725040	02/02/2026 12:00 AM	02/02/2027 12:01 AM	EACH OCCURRENCE
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE
	DED	RETENTION \$					
A	Professional Liability	X		PAC 4725040	02/02/2026 12:00 AM	02/02/2027 12:01 AM	EACH OCCURRENCE      \$1,000,000 AGGREGATE LIMIT      \$1,000,000
A	Abuse and Molestation	X		PAC 4725040	02/02/2026 12:00 AM	02/02/2027 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: Soccer

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**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)  
01/30/2026

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<b>PRODUCER</b> <b>Special Markets Insurance Consultants</b> <b>1055 MAIN ST STE 101</b> <b>STEVENS POINT, WI 54481-2860</b>	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> 715-303-6118 <b>FAX (A/C, No):</b> 7153446126 <b>E-MAIL ADDRESS:</b> policyissue@amwins.com	
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>NAIC #</b>	
	<b>INSURER A :</b> Great American Insurance Company <b>16691</b>	
	<b>INSURER B :</b>	
	<b>INSURER C :</b>	
	<b>INSURER D :</b>	
<b>INSURER E :</b>		
<b>INSURER F :</b>		

**COVERAGES**      **CERTIFICATE NUMBER:** GAS174916      **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WWD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			PAC 4725040	02/02/2026 12:00 AM	02/02/2027 12:01 AM	EACH OCCURRENCE      \$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)      \$300,000
	<input type="checkbox"/> CLAIMS-MADE	<input checked="" type="checkbox"/> OCCUR	X				MED EXP (Any one person)      \$0
							PERSONAL & ADV INJURY      \$1,000,000
							GENERAL AGGREGATE      \$2,000,000
							PRODUCTS - COMP/OP AGG      \$2,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)
	ANY AUTO						BODILY INJURY (Per person)
	ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)
	Hired Auto	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)
A	UMBRELLA LIAB	<input type="checkbox"/> OCCUR		PAC 4725040	02/02/2026 12:00 AM	02/02/2027 12:01 AM	EACH OCCURRENCE
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE
	DED	RETENTION \$					
A	Professional Liability	X		PAC 4725040	02/02/2026 12:00 AM	02/02/2027 12:01 AM	EACH OCCURRENCE      \$1,000,000 AGGREGATE LIMIT      \$1,000,000
A	Abuse and Molestation	X		PAC 4725040	02/02/2026 12:00 AM	02/02/2027 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: Soccer

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

## CERTIFICATE HOLDER

Salvation Army  
1865 Harrison Ave  
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)  
01/30/2026

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<b>PRODUCER</b> <b>Special Markets Insurance Consultants</b> <b>1055 MAIN ST STE 101</b> <b>STEVENS POINT, WI 54481-2860</b>	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> 715-303-6118 <b>FAX (A/C, No):</b> 7153446126 <b>E-MAIL ADDRESS:</b> policyissue@amwins.com	
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>NAIC #</b>	
	<b>INSURER A :</b> Great American Insurance Company <b>16691</b>	
	<b>INSURER B :</b>	
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**COVERAGES**      **CERTIFICATE NUMBER:** GAS174916      **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WWD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> <b>GEN'L AGGREGATE LIMIT APPLIES PER:</b> <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- <input type="checkbox"/> JECT <input type="checkbox"/> LOC		X	PAC 4725040	02/02/2026 12:00 AM	02/02/2027 12:01 AM	EACH OCCURRENCE      \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence)      \$300,000 MED EXP (Any one person)      \$0 PERSONAL & ADV INJURY      \$1,000,000 GENERAL AGGREGATE      \$2,000,000 PRODUCTS - COMP/OP AGG      \$2,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTO <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE AGGREGATE
A	Professional Liability	X		PAC 4725040	02/02/2026 12:00 AM	02/02/2027 12:01 AM	EACH OCCURRENCE AGGREGATE LIMIT      \$1,000,000 \$1,000,000
A	Abuse and Molestation	X		PAC 4725040	02/02/2026 12:00 AM	02/02/2027 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: Soccer

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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  
1261 Chews Landing – Clementon Rd  
Blackwood, NJ 08012

**CANCELLATION**

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**AUTHORIZED REPRESENTATIVE**

Special Markets Insurance Consultants



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/30/2026

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	<b>INSURER(S) AFFORDING COVERAGE</b> <b>NAIC #</b>	
	<b>INSURER A :</b> Great American Insurance Company <b>16691</b>	
	<b>INSURER B :</b>	
	<b>INSURER C :</b>	
	<b>INSURER D :</b>	
<b>INSURER E :</b>		
<b>INSURER F :</b>		

**COVERAGES**      **CERTIFICATE NUMBER:** GAS174916      **REVISION NUMBER:**

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	<input type="checkbox"/> CLAIMS-MADE	<input checked="" type="checkbox"/> OCCUR	X				MED EXP (Any one person)      \$0
							PERSONAL & ADV INJURY      \$1,000,000
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	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)
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A	Abuse and Molestation	X		PAC 4725040	02/02/2026 12:00 AM	02/02/2027 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: Soccer

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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

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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	<b>INSURER(S) AFFORDING COVERAGE</b> <b>NAIC #</b>	
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**COVERAGES**      **CERTIFICATE NUMBER:** GAS174916      **REVISION NUMBER:**

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	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)      \$300,000
	<input type="checkbox"/> CLAIMS-MADE	<input checked="" type="checkbox"/> OCCUR	X				MED EXP (Any one person)      \$0
							PERSONAL & ADV INJURY      \$1,000,000
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	AUTOMOBILE LIABILITY						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: Soccer

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**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 80808

## 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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**COVERAGES**      **CERTIFICATE NUMBER:** GAS174916      **REVISION NUMBER:**

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Covered Activities: Soccer

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

## CERTIFICATE HOLDER

West Deptford Township  
400 Crown Point  
West Deptford, NJ 08086

## CANCELLATION

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### AUTHORIZED REPRESENTATIVE

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	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTO <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE AGGREGATE
A	Professional Liability	X		PAC 4725040	02/02/2026 12:00 AM	02/02/2027 12:01 AM	EACH OCCURRENCE AGGREGATE LIMIT      \$1,000,000 \$1,000,000
A	Abuse and Molestation	X		PAC 4725040	02/02/2026 12:00 AM	02/02/2027 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: Soccer

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**

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)  
01/30/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERs NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> <b>Special Markets Insurance Consultants</b> <b>1055 MAIN ST STE 101</b> <b>STEVENS POINT, WI 54481-2860</b>	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> 715-303-6118 <b>FAX (A/C, No):</b> 7153446126 <b>E-MAIL ADDRESS:</b> policyissue@amwins.com	
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>NAIC #</b>	
	<b>INSURER A :</b> Great American Insurance Company <b>16691</b>	
	<b>INSURER B :</b>	
	<b>INSURER C :</b>	
	<b>INSURER D :</b>	
<b>INSURER E :</b>		
<b>INSURER F :</b>		

**COVERAGES**      **CERTIFICATE NUMBER:** GAS174916      **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 WWD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			PAC 4725040	02/02/2026 12:00 AM	02/02/2027 12:01 AM	EACH OCCURRENCE      \$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)      \$300,000
	<input type="checkbox"/> CLAIMS-MADE	<input checked="" type="checkbox"/> OCCUR	X				MED EXP (Any one person)      \$0
							PERSONAL & ADV INJURY      \$1,000,000
							GENERAL AGGREGATE      \$2,000,000
							PRODUCTS - COMP/OP AGG      \$2,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)
	ANY AUTO						BODILY INJURY (Per person)
	ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)
	Hired Auto	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)
A	UMBRELLA LIAB	<input type="checkbox"/> OCCUR		PAC 4725040	02/02/2026 12:00 AM	02/02/2027 12:01 AM	EACH OCCURRENCE
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE
	DED	RETENTION \$					
A	Professional Liability	X		PAC 4725040	02/02/2026 12:00 AM	02/02/2027 12:01 AM	EACH OCCURRENCE      \$1,000,000 AGGREGATE LIMIT      \$1,000,000
A	Abuse and Molestation	X		PAC 4725040	02/02/2026 12:00 AM	02/02/2027 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: Soccer

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

Winslow Township  
125 South Route 73  
Braddock, NJ 08037

## 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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<b>PRODUCER</b> <b>Special Markets Insurance Consultants</b> <b>1055 MAIN ST STE 101</b> <b>STEVENS POINT, WI 54481-2860</b>	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> 715-303-6118 <b>FAX (A/C, No):</b> 7153446126 <b>E-MAIL ADDRESS:</b> policyissue@amwins.com	
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>NAIC #</b>	
	<b>INSURER A :</b> Great American Insurance Company <b>16691</b>	
	<b>INSURER B :</b>	
	<b>INSURER C :</b>	
	<b>INSURER D :</b>	
<b>INSURER E :</b>		
<b>INSURER F :</b>		

**COVERAGES**      **CERTIFICATE NUMBER:** GAS174916      **REVISION NUMBER:**

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	ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)
	Hired Auto	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)
A	UMBRELLA LIAB	<input type="checkbox"/> OCCUR		PAC 4725040	02/02/2026 12:00 AM	02/02/2027 12:01 AM	EACH OCCURRENCE
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**Scheduled Activities Exclusion Applies-Please Refer to Named Insured Member Certificate of Coverage**

## CERTIFICATE HOLDER

Woolwich Township  
120 Village Green Drive  
Swedesboro, 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