



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).

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

CONTACT
NAME:PHONE
(A/C, No, Ext): 715-303-6118 FAX
(A/C, No): 7153446126E-MAIL
ADDRESS: policyissue@amwins.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A : Great American Insurance Company

16691

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

INSURER B :

INSURER C :

INSURER D :

INSURER E :

INSURER F :

COVERAGES

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

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
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AUTHORIZED REPRESENTATIVE

Special Markets Insurance Consultants



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1055 MAIN ST STE 101
STEVENS POINT, WI 54481-2860

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16691

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CERTIFICATE NUMBER: GAS174916

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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

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED
BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN
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Special Markets Insurance Consultants



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STEVENS POINT, WI 54481-2860

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COVERAGES

CERTIFICATE NUMBER: GAS174916

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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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AUTHORIZED REPRESENTATIVE

Special Markets Insurance Consultants



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STEVENS POINT, WI 54481-2860

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16691

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DEPTFORD, NJ 08096-3865

INSURER B :

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COVERAGES

CERTIFICATE NUMBER: GAS174916

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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

CANCELLATION

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INSURER F :

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

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

CONTACT
NAME:PHONE
(A/C, No, Ext): 715-303-6118 FAX
(A/C, No): 7153446126E-MAIL
ADDRESS: policyissue@amwins.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A : Great American Insurance Company

16691

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

INSURER B :

INSURER C :

INSURER D :

INSURER E :

INSURER F :

COVERAGES

CERTIFICATE NUMBER: 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 WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						\$1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)
							\$300,000
							MED EXP (Any one person)
							\$0
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC						\$1,000,000
							GENERAL AGGREGATE
							\$2,000,000
							PRODUCTS - COMP/OP AGG
							\$2,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)
	<input type="checkbox"/> ANY AUTO						
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per person)
	<input type="checkbox"/> HIRED AUTO						
	<input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						BODILY INJURY (Per accident)
							PROPERTY DAMAGE (Per accident)
	UMBRELLA LIAB						EACH OCCURRENCE
	<input type="checkbox"/> OCCUR						
	EXCESS LIAB						AGGREGATE
	<input type="checkbox"/> CLAIMS-MADE						
	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

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

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Special Markets Insurance Consultants



CERTIFICATE OF LIABILITY INSURANCE

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

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

CONTACT
NAME:PHONE
(A/C, No, Ext): 715-303-6118 FAX
(A/C, No): 7153446126E-MAIL
ADDRESS: policyissue@amwins.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A : Great American Insurance Company

16691

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

INSURER B :

INSURER C :

INSURER D :

INSURER E :

INSURER F :

COVERAGES

CERTIFICATE NUMBER: GAS174916

REVISION NUMBER:

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	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)
							\$300,000
							MED EXP (Any one person)
							\$0
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC						\$1,000,000
							GENERAL AGGREGATE
							\$2,000,000
							PRODUCTS - COMP/OP AGG
							\$2,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)
	<input type="checkbox"/> ANY AUTO						
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per person)
	<input type="checkbox"/> HIRED AUTO						
	<input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)
	<input type="checkbox"/> NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)
	UMBRELLA LIAB						EACH OCCURRENCE
	<input type="checkbox"/> OCCUR						
	EXCESS LIAB						AGGREGATE
	<input type="checkbox"/> CLAIMS-MADE						
	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

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

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

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

CONTACT
NAME:PHONE
(A/C, No, Ext): 715-303-6118 FAX
(A/C, No): 7153446126E-MAIL
ADDRESS: policyissue@amwins.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A : Great American Insurance Company

16691

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

INSURER B :

INSURER C :

INSURER D :

INSURER E :

INSURER F :

COVERAGES

CERTIFICATE NUMBER: GAS174916

REVISION NUMBER:

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	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)
							\$300,000
							MED EXP (Any one person)
							\$0
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC						\$1,000,000
							GENERAL AGGREGATE
							\$2,000,000
							PRODUCTS - COMP/OP AGG
							\$2,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)
	<input type="checkbox"/> ANY AUTO						
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per person)
	<input type="checkbox"/> HIRED AUTO						
	<input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)
	<input type="checkbox"/> NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)
	UMBRELLA LIAB						EACH OCCURRENCE
	<input type="checkbox"/> OCCUR						
	EXCESS LIAB						AGGREGATE
	<input type="checkbox"/> CLAIMS-MADE						
	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
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							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

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)
01/30/2026

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

CONTACT
NAME:PHONE
(A/C, No, Ext): 715-303-6118 FAX
(A/C, No): 7153446126E-MAIL
ADDRESS: policyissue@amwins.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A : Great American Insurance Company

16691

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

INSURER B :

INSURER C :

INSURER D :

INSURER E :

INSURER F :

COVERAGES

CERTIFICATE NUMBER: GAS174916

REVISION NUMBER:

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							\$300,000
							MED EXP (Any one person)
							\$0
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	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC						\$1,000,000
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							\$2,000,000
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	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)
	<input type="checkbox"/> ANY AUTO						
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							PROPERTY DAMAGE (Per accident)
	UMBRELLA LIAB						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
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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

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

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Special Markets Insurance Consultants



CERTIFICATE OF LIABILITY INSURANCE

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

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

CONTACT
NAME:PHONE
(A/C, No, Ext): 715-303-6118 FAX
(A/C, No): 7153446126E-MAIL
ADDRESS: policyissue@amwins.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A : Great American Insurance Company

16691

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

INSURER B :

INSURER C :

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INSURER E :

INSURER F :

COVERAGES

CERTIFICATE NUMBER: GAS174916

REVISION NUMBER:

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	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC						\$1,000,000
							GENERAL AGGREGATE
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							\$2,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)
	<input type="checkbox"/> ANY AUTO						
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per person)
	<input type="checkbox"/> HIRED AUTO						
	<input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						BODILY INJURY (Per accident)
							PROPERTY DAMAGE (Per accident)
	UMBRELLA LIAB						EACH OCCURRENCE
	<input type="checkbox"/> OCCUR						
	EXCESS LIAB						AGGREGATE
	<input type="checkbox"/> CLAIMS-MADE						
	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

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

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

CONTACT
NAME:PHONE
(A/C, No, Ext): 715-303-6118 FAX
(A/C, No): 7153446126E-MAIL
ADDRESS: policyissue@amwins.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A : Great American Insurance Company

16691

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

INSURER B :

INSURER C :

INSURER D :

INSURER E :

INSURER F :

COVERAGES

CERTIFICATE NUMBER: GAS174916

REVISION NUMBER:

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

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

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

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

CONTACT
NAME:PHONE
(A/C, No, Ext): 715-303-6118 FAX
(A/C, No): 7153446126E-MAIL
ADDRESS: policyissue@amwins.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A : Great American Insurance Company

16691

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

INSURER B :

INSURER C :

INSURER D :

INSURER E :

INSURER F :

COVERAGES

CERTIFICATE NUMBER: 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.

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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						\$1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)
							\$300,000
							MED EXP (Any one person)
							\$0
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC						\$1,000,000
							GENERAL AGGREGATE
							\$2,000,000
							PRODUCTS - COMP/OP AGG
							\$2,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)
	<input type="checkbox"/> ANY AUTO						
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per person)
	<input type="checkbox"/> HIRED AUTO						
	<input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						BODILY INJURY (Per accident)
							PROPERTY DAMAGE (Per accident)
	UMBRELLA LIAB						EACH OCCURRENCE
	<input type="checkbox"/> OCCUR						
	EXCESS LIAB						AGGREGATE
	<input type="checkbox"/> CLAIMS-MADE						
	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

Haddonfield School District
1 Lincoln Avenue
Haddonfield, NJ 08033

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Special Markets Insurance Consultants



CERTIFICATE OF LIABILITY INSURANCE

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

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

CONTACT
NAME:PHONE
(A/C, No, Ext): 715-303-6118 FAX
(A/C, No): 7153446126E-MAIL
ADDRESS: policyissue@amwins.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A : Great American Insurance Company

16691

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

INSURER B :

INSURER C :

INSURER D :

INSURER E :

INSURER F :

COVERAGES

CERTIFICATE NUMBER: 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 WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	GENERAL LIABILITY				X		PAC 4725040	02/02/2026 12:00 AM	02/02/2027 12:01 AM	EACH OCCURRENCE	\$1,000,000	
	<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY								DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000	
	<input type="checkbox"/>	<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	
GEN'L AGGREGATE LIMIT APPLIES PER:												
<input checked="" type="checkbox"/>	POLICY	<input type="checkbox"/>	PRO- JECT	<input type="checkbox"/>	LOC							
	AUTOMOBILE LIABILITY									COMBINED SINGLE LIMIT (Ea accident)		
	<input type="checkbox"/>	ANY AUTO								BODILY INJURY (Per person)		
	<input type="checkbox"/>	ALL OWNED AUTOS	<input type="checkbox"/>	SCHEDULED AUTOS						BODILY INJURY (Per accident)		
	<input type="checkbox"/>	HIRED AUTO	<input type="checkbox"/>	NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)		
	<input type="checkbox"/>											
	<input type="checkbox"/>	UMBRELLA LIAB		<input type="checkbox"/>	OCCUR					EACH OCCURRENCE		
	<input type="checkbox"/>	EXCESS LIAB		<input type="checkbox"/>	CLAIMS-MADE					AGGREGATE		
	<input type="checkbox"/>	DED	<input type="checkbox"/>	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

Hainesport Township Hainsport Municipal Field
1 Hainsport Centre
Hainsport, 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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PRODUCER
Special Markets Insurance Consultants
1055 MAIN ST STE 101
STEVENS POINT, WI 54481-2860

CONTACT
NAME:PHONE
(A/C, No, Ext): 715-303-6118 FAX
(A/C, No): 7153446126E-MAIL
ADDRESS: policyissue@amwins.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A : Great American Insurance Company

16691

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

INSURER B :

INSURER C :

INSURER D :

INSURER E :

INSURER F :

COVERAGES

CERTIFICATE NUMBER: 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.

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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						\$1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)
							\$300,000
							MED EXP (Any one person)
							\$0
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC						\$1,000,000
							GENERAL AGGREGATE
							\$2,000,000
							PRODUCTS - COMP/OP AGG
							\$2,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)
	<input type="checkbox"/> ANY AUTO						
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per person)
	<input type="checkbox"/> HIRED AUTO						
	<input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						BODILY INJURY (Per accident)
							PROPERTY DAMAGE (Per accident)
	UMBRELLA LIAB						EACH OCCURRENCE
	<input type="checkbox"/> OCCUR						
	EXCESS LIAB						AGGREGATE
	<input type="checkbox"/> CLAIMS-MADE						
	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
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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
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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

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

Special Markets Insurance Consultants



CERTIFICATE OF LIABILITY INSURANCE

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

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

CONTACT
NAME:

PHONE (A/C, No, Ext): 715-303-6118 FAX (A/C, No): 7153446126

E-MAIL ADDRESS: policyissue@amwins.com

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NAIC #

INSURER A : Great American Insurance Company

16691

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ITS PARTICIPATING MEMBERS:
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1437 HURFFVILLE RD
DEPTFORD, NJ 08096-3865

INSURER B :

INSURER C :

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INSURER E :

INSURER F :

COVERAGES

CERTIFICATE NUMBER: GAS174916

REVISION NUMBER:

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	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)
							\$300,000
							MED EXP (Any one person)
							\$0
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC						\$1,000,000
							GENERAL AGGREGATE
							\$2,000,000
							PRODUCTS - COMP/OP AGG
							\$2,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)
	<input type="checkbox"/> ANY AUTO						
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per person)
	<input type="checkbox"/> HIRED AUTO						
	<input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						BODILY INJURY (Per accident)
							PROPERTY DAMAGE (Per accident)
	UMBRELLA LIAB						EACH OCCURRENCE
	<input type="checkbox"/> OCCUR						
	EXCESS LIAB						AGGREGATE
	<input type="checkbox"/> CLAIMS-MADE						
	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

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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

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

CONTACT
NAME:PHONE
(A/C, No, Ext): 715-303-6118 FAX
(A/C, No): 7153446126E-MAIL
ADDRESS: policyissue@amwins.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A : Great American Insurance Company

16691

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

INSURER B :

INSURER C :

INSURER D :

INSURER E :

INSURER F :

COVERAGES

CERTIFICATE NUMBER: GAS174916

REVISION NUMBER:

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

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

CONTACT
NAME:PHONE
(A/C, No, Ext): 715-303-6118 FAX
(A/C, No): 7153446126E-MAIL
ADDRESS: policyissue@amwins.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A : Great American Insurance Company

16691

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

INSURER B :

INSURER C :

INSURER D :

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INSURER F :

COVERAGES

CERTIFICATE NUMBER: GAS174916

REVISION NUMBER:

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	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)
							\$300,000
							MED EXP (Any one person)
							\$0
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC						\$1,000,000
							GENERAL AGGREGATE
							\$2,000,000
							PRODUCTS - COMP/OP AGG
							\$2,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)
	<input type="checkbox"/> ANY AUTO						
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per person)
	<input type="checkbox"/> HIRED AUTO						
	<input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						BODILY INJURY (Per accident)
							PROPERTY DAMAGE (Per accident)
	UMBRELLA LIAB						EACH OCCURRENCE
	<input type="checkbox"/> OCCUR						
	EXCESS LIAB						AGGREGATE
	<input type="checkbox"/> CLAIMS-MADE						
	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
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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

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

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Special Markets Insurance Consultants



CERTIFICATE OF LIABILITY INSURANCE

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

CONTACT
NAME:PHONE
(A/C, No, Ext): 715-303-6118 FAX
(A/C, No): 7153446126E-MAIL
ADDRESS: policyissue@amwins.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A : Great American Insurance Company

16691

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

INSURER B :

INSURER C :

INSURER D :

INSURER E :

INSURER F :

COVERAGES

CERTIFICATE NUMBER: GAS174916

REVISION NUMBER:

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

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

CONTACT
NAME:PHONE
(A/C, No, Ext): 715-303-6118 FAX
(A/C, No): 7153446126E-MAIL
ADDRESS: policyissue@amwins.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A : Great American Insurance Company

16691

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

INSURER B :

INSURER C :

INSURER D :

INSURER E :

INSURER F :

COVERAGES

CERTIFICATE NUMBER: GAS174916

REVISION NUMBER:

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A	GENERAL LIABILITY				X		PAC 4725040	02/02/2026 12:00 AM	02/02/2027 12:01 AM	EACH OCCURRENCE	\$1,000,000	
	<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY								DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000	
	<input type="checkbox"/>	<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	
GEN'L AGGREGATE LIMIT APPLIES PER:												
<input checked="" type="checkbox"/>	POLICY	<input type="checkbox"/>	PRO- JECT	<input type="checkbox"/>	LOC							
	AUTOMOBILE LIABILITY									COMBINED SINGLE LIMIT (Ea accident)		
	<input type="checkbox"/>	ANY AUTO								BODILY INJURY (Per person)		
	<input type="checkbox"/>	ALL OWNED AUTOS	<input type="checkbox"/>	SCHEDULED AUTOS						BODILY INJURY (Per accident)		
	<input type="checkbox"/>	HIRED AUTO	<input type="checkbox"/>	NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)		
	<input type="checkbox"/>											
	<input type="checkbox"/>	UMBRELLA LIAB		<input type="checkbox"/>	OCCUR					EACH OCCURRENCE		
	<input type="checkbox"/>	EXCESS LIAB		<input type="checkbox"/>	CLAIMS-MADE					AGGREGATE		
	<input type="checkbox"/>	DED	<input type="checkbox"/>	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	
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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
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AUTHORIZED REPRESENTATIVE

Special Markets Insurance Consultants



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1055 MAIN ST STE 101
STEVENS POINT, WI 54481-2860

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INSURER B :

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COVERAGES

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

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CERTIFICATE HOLDER

Medford Township Recreation
17 North Main Street
Medford, NJ 08055

CANCELLATION

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16691

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

INSURER B :

INSURER C :

INSURER D :

INSURER E :

INSURER F :

COVERAGES

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

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

CONTACT
NAME:PHONE
(A/C, No, Ext): 715-303-6118 FAX
(A/C, No): 7153446126E-MAIL
ADDRESS: policyissue@amwins.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A : Great American Insurance Company

16691

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

INSURER B :

INSURER C :

INSURER D :

INSURER E :

INSURER F :

COVERAGES

CERTIFICATE NUMBER: GAS174916

REVISION NUMBER:

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	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)
							\$300,000
							MED EXP (Any one person)
							\$0
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC						\$1,000,000
							GENERAL AGGREGATE
							\$2,000,000
							PRODUCTS - COMP/OP AGG
							\$2,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)
	<input type="checkbox"/> ANY AUTO						
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per person)
	<input type="checkbox"/> HIRED AUTO						
	<input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						BODILY INJURY (Per accident)
							PROPERTY DAMAGE (Per accident)
	UMBRELLA LIAB						EACH OCCURRENCE
	<input type="checkbox"/> OCCUR						
	EXCESS LIAB						AGGREGATE
	<input type="checkbox"/> CLAIMS-MADE						
	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

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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PRODUCER Special Markets Insurance Consultants 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 #		
INSURED SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND ITS PARTICIPATING MEMBERS: South Jersey Masters Soccer League 1437 HURFFVILLE RD DEPTFORD, NJ 08096-3865	INSURER A : Great American Insurance Company		16691
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
	INSURER F :		

COVERAGES**CERTIFICATE NUMBER:** 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.

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A	GENERAL LIABILITY	X		PAC 4725040	02/02/2026 12:00 AM	02/02/2027 12:01 AM	EACH OCCURRENCE	\$1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$0
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	\$2,000,000
							PRODUCTS - COMP/OP AGG	\$2,000,000
							GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	
	<input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)	
	<input type="checkbox"/> 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 <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>							
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**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)
01/30/2026

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

CONTACT
NAME:PHONE
(A/C, No, Ext): 715-303-6118 FAX
(A/C, No): 7153446126E-MAIL
ADDRESS: policyissue@amwins.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A : Great American Insurance Company

16691

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

INSURER B :

INSURER C :

INSURER D :

INSURER E :

INSURER F :

COVERAGES

CERTIFICATE NUMBER: GAS174916

REVISION NUMBER:

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

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

CONTACT
NAME:PHONE
(A/C, No, Ext): 715-303-6118 FAX
(A/C, No): 7153446126E-MAIL
ADDRESS: policyissue@amwins.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A : Great American Insurance Company

16691

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

INSURER B :

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COVERAGES

CERTIFICATE NUMBER: GAS174916

REVISION NUMBER:

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	<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000
	<input type="checkbox"/>	CLAIMS-MADE	<input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$0
									PERSONAL & ADV INJURY	\$1,000,000
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GEN'L AGGREGATE LIMIT APPLIES PER:										
<input checked="" type="checkbox"/>	POLICY	<input type="checkbox"/>	PRO- JECT	<input type="checkbox"/>	LOC					
	AUTOMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)	
	<input type="checkbox"/>	ANY AUTO							BODILY INJURY (Per person)	
	<input type="checkbox"/>	ALL OWNED AUTOS	<input type="checkbox"/>	SCHEDULED AUTOS					BODILY INJURY (Per accident)	
	<input type="checkbox"/>	HIRED AUTO	<input type="checkbox"/>	NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	
	<input type="checkbox"/>									
	<input type="checkbox"/>	UMBRELLA LIAB	<input type="checkbox"/>	OCCUR					EACH OCCURRENCE	
	<input type="checkbox"/>	EXCESS LIAB	<input type="checkbox"/>	CLAIMS-MADE					AGGREGATE	
	<input type="checkbox"/>	DED	<input type="checkbox"/>	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
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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

Oldmans Township School
10 Freed Rd.
Pedricktown, NJ 08067

CANCELLATION

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AUTHORIZED REPRESENTATIVE

Special Markets Insurance Consultants



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STEVENS POINT, WI 54481-2860

CONTACT
NAME:PHONE
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INSURER A : Great American Insurance Company

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1437 HURFFVILLE RD
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COVERAGES

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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						\$1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)
							\$300,000
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							\$0
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC						\$1,000,000
							GENERAL AGGREGATE
							\$2,000,000
							PRODUCTS - COMP/OP AGG
							\$2,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)
	<input type="checkbox"/> ANY AUTO						
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per person)
	<input type="checkbox"/> HIRED AUTO						
	<input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						BODILY INJURY (Per accident)
							PROPERTY DAMAGE (Per accident)
	UMBRELLA LIAB						EACH OCCURRENCE
	<input type="checkbox"/> OCCUR						
	EXCESS LIAB						AGGREGATE
	<input type="checkbox"/> CLAIMS-MADE						
	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

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).

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

CONTACT
NAME:PHONE
(A/C, No, Ext): 715-303-6118 FAX
(A/C, No): 7153446126E-MAIL
ADDRESS: policyissue@amwins.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A : Great American Insurance Company

16691

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

INSURER B :

INSURER C :

INSURER D :

INSURER E :

INSURER F :

COVERAGES

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

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).

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

CONTACT
NAME:PHONE
(A/C, No, Ext): 715-303-6118 FAX
(A/C, No): 7153446126E-MAIL
ADDRESS: policyissue@amwins.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A : Great American Insurance Company

16691

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

INSURER B :

INSURER C :

INSURER D :

INSURER E :

INSURER F :

COVERAGES

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

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

CERTIFICATE HOLDER

Proof of Insurance

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



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)

INTEREST <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		<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: Moorestown Township 111 West 2nd Street Moorestown, NJ 08057	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
			REFERENCE / LOAN #:	INTEREST END DATE:			LOCATION: BUILDING:		
			LIEN AMOUNT:	PHONE (A/C, No, Ex):			VEHICLE: BOAT:		
						AIRPORT: AIRCRAFT:			
						ITEM CLASS: ITEM:			
						ITEM DESCRIPTION			
REASON FOR INTEREST:			E-MAIL ADDRESS:						
INTEREST <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		<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: Mansfield Township School District 200 Mansfield Road East Columbus, NJ 08022	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
			REFERENCE / LOAN #:	INTEREST END DATE:			LOCATION: BUILDING:		
			LIEN AMOUNT:	PHONE (A/C, No, Ex):			VEHICLE: BOAT:		
						AIRPORT: AIRCRAFT:			
						ITEM CLASS: ITEM:			
						ITEM DESCRIPTION			
REASON FOR INTEREST:			E-MAIL ADDRESS:						
INTEREST <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		<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: Medford Township Recreation 17 North Main Street Medford, NJ 08055	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
			REFERENCE / LOAN #:	INTEREST END DATE:			LOCATION: BUILDING:		
			LIEN AMOUNT:	PHONE (A/C, No, Ex):			VEHICLE: BOAT:		
						AIRPORT: AIRCRAFT:			
						ITEM CLASS: ITEM:			
						ITEM DESCRIPTION			
REASON FOR INTEREST:			E-MAIL ADDRESS:						
INTEREST <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		<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: Cherry Hill Township 820 Mercer Street Cherry Hill, NJ 08034	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
			REFERENCE / LOAN #:	INTEREST END DATE:			LOCATION: BUILDING:		
			LIEN AMOUNT:	PHONE (A/C, No, Ex):			VEHICLE: BOAT:		
						AIRPORT: AIRCRAFT:			
						ITEM CLASS: ITEM:			
						ITEM DESCRIPTION			
REASON FOR INTEREST:			E-MAIL ADDRESS:						
INTEREST <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		<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: Haddon Township Board of Education 1 Lincoln Avenue Haddonfield, NJ 08033	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
			REFERENCE / LOAN #:	INTEREST END DATE:			LOCATION: BUILDING:		
			LIEN AMOUNT:	PHONE (A/C, No, Ex):			VEHICLE: BOAT:		
						AIRPORT: AIRCRAFT:			
						ITEM CLASS: ITEM:			
						ITEM DESCRIPTION			
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)

INTEREST <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		<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: Harrison Township Municipal Building 114 Bridgeton Pike Mullica Hill, NJ 08062	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER LOCATION: BUILDING: VEHICLE: BOAT: AIRPORT: AIRCRAFT: ITEM CLASS: ITEM: ITEM DESCRIPTION	
REASON FOR INTEREST:			REFERENCE / LOAN #:	INTEREST END DATE:		PHONE (A/C, No, Ex):		FAX (A/C, No):	
E-MAIL ADDRESS:									
INTEREST <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		<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: Woolwich Township 120 Village Green Drive Swedesboro, NJ 08085	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER LOCATION: BUILDING: VEHICLE: BOAT: AIRPORT: AIRCRAFT: ITEM CLASS: ITEM: ITEM DESCRIPTION	
REASON FOR INTEREST:			REFERENCE / LOAN #:	INTEREST END DATE:		PHONE (A/C, No, Ex):		FAX (A/C, No):	
E-MAIL ADDRESS:									
INTEREST <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		<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: Moorestown Board of Education 803 North Stanwick Road Moorestown, NJ 08057	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER LOCATION: BUILDING: VEHICLE: BOAT: AIRPORT: AIRCRAFT: ITEM CLASS: ITEM: ITEM DESCRIPTION	
REASON FOR INTEREST:			REFERENCE / LOAN #:	INTEREST END DATE:		PHONE (A/C, No, Ex):		FAX (A/C, No):	
E-MAIL ADDRESS:									
INTEREST <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		<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: Borough of Clayton 125 N. Delsea Drive Clayton, NJ 08312	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER LOCATION: BUILDING: VEHICLE: BOAT: AIRPORT: AIRCRAFT: ITEM CLASS: ITEM: ITEM DESCRIPTION	
REASON FOR INTEREST:			REFERENCE / LOAN #:	INTEREST END DATE:		PHONE (A/C, No, Ex):		FAX (A/C, No):	
E-MAIL ADDRESS:									
INTEREST <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		<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: Deptford Township Board of Education & The Gloucester Cumberland Salem County School District Joint Insurance Group 890 Bankbridge Road Sewell, NJ 08080	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER LOCATION: BUILDING: VEHICLE: BOAT: AIRPORT: AIRCRAFT: ITEM CLASS: ITEM: ITEM DESCRIPTION	
REASON FOR INTEREST:			REFERENCE / LOAN #:	INTEREST END DATE:		PHONE (A/C, No, Ex):		FAX (A/C, No):	
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)

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

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

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

INTEREST <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	LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE <input type="checkbox"/>	NAME AND ADDRESS RANK: Cherry Hill Board of Education 45 Ranoldo Terrace Cherry Hill, NJ 08034 REFERENCE / LOAN #: INTEREST END DATE: LIEN AMOUNT: PHONE (A/C, No, Ex): FAX (A/C, No):	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER LOCATION: BUILDING: VEHICLE: BOAT: AIRPORT: AIRCRAFT: ITEM CLASS: ITEM: ITEM DESCRIPTION
REASON FOR INTEREST:		E-MAIL ADDRESS:					
INTEREST <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	LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE <input type="checkbox"/>	NAME AND ADDRESS RANK: Locke Avenue Park 121-217 High Hill Rd Woolwich, NJ 08085 REFERENCE / LOAN #: INTEREST END DATE: LIEN AMOUNT: PHONE (A/C, No, Ex): FAX (A/C, No):	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER LOCATION: BUILDING: VEHICLE: BOAT: AIRPORT: AIRCRAFT: ITEM CLASS: ITEM: ITEM DESCRIPTION
REASON FOR INTEREST:		E-MAIL ADDRESS:					
INTEREST <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	LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE <input type="checkbox"/>	NAME AND ADDRESS RANK: Rowan University, the State of New Jersey & New Jersey Educational Facilities Authority 201 Mullica Hill Road Glassboro, NJ 08028 REFERENCE / LOAN #: INTEREST END DATE: LIEN AMOUNT: PHONE (A/C, No, Ex): FAX (A/C, No):	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER LOCATION: BUILDING: VEHICLE: BOAT: AIRPORT: AIRCRAFT: ITEM CLASS: ITEM: ITEM DESCRIPTION
REASON FOR INTEREST:		E-MAIL ADDRESS:					
INTEREST <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	LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE <input type="checkbox"/>	NAME AND ADDRESS RANK: Salem County Recreational Site US-130 & Perkintown Rd Oldmans Township, NJ 08067 REFERENCE / LOAN #: INTEREST END DATE: LIEN AMOUNT: PHONE (A/C, No, Ex): FAX (A/C, No):	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER LOCATION: BUILDING: VEHICLE: BOAT: AIRPORT: AIRCRAFT: ITEM CLASS: ITEM: ITEM DESCRIPTION
REASON FOR INTEREST:		E-MAIL ADDRESS:					
INTEREST <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	LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE <input type="checkbox"/>	NAME AND ADDRESS RANK: Westampton Recreation 710 Rancocas Road Westampton, NJ 08060 REFERENCE / LOAN #: INTEREST END DATE: LIEN AMOUNT: PHONE (A/C, No, Ex): FAX (A/C, No):	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER LOCATION: BUILDING: VEHICLE: BOAT: AIRPORT: AIRCRAFT: ITEM CLASS: ITEM: ITEM DESCRIPTION
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)

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



ADDITIONAL INTEREST SCHEDULE

DATE (MM/DD/YYYY)
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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)

INTEREST <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	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: Pennsauken Township Hamilton Road Pennsauken, NJ 08109 REFERENCE / LOAN #: LIEN AMOUNT:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER LOCATION: BUILDING: VEHICLE: BOAT: AIRPORT: AIRCRAFT: ITEM CLASS: ITEM: ITEM DESCRIPTION INTEREST END DATE: PHONE (A/C, No, Ex): FAX (A/C, No):
REASON FOR INTEREST:			E-MAIL ADDRESS:				

INTEREST <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	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: West Deptford Township 400 Crown Point West Deptford, NJ 08086 REFERENCE / LOAN #: LIEN AMOUNT:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER LOCATION: BUILDING: VEHICLE: BOAT: AIRPORT: AIRCRAFT: ITEM CLASS: ITEM: ITEM DESCRIPTION INTEREST END DATE: PHONE (A/C, No, Ex): FAX (A/C, No):
REASON FOR INTEREST:			E-MAIL ADDRESS:				

INTEREST <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	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: Winslow Township 125 South Route 73 Braddock, NJ 08037 REFERENCE / LOAN #: LIEN AMOUNT:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER LOCATION: BUILDING: VEHICLE: BOAT: AIRPORT: AIRCRAFT: ITEM CLASS: ITEM: ITEM DESCRIPTION INTEREST END DATE: PHONE (A/C, No, Ex): FAX (A/C, No):
REASON FOR INTEREST:			E-MAIL ADDRESS:				

INTEREST <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	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: Salvation Army 1865 Harrison Ave Camden, NJ 08105 REFERENCE / LOAN #: LIEN AMOUNT:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER LOCATION: BUILDING: VEHICLE: BOAT: AIRPORT: AIRCRAFT: ITEM CLASS: ITEM: ITEM DESCRIPTION INTEREST END DATE: PHONE (A/C, No, Ex): FAX (A/C, No):
REASON FOR INTEREST:			E-MAIL ADDRESS:				

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

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

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

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

CONTACT
NAME:PHONE
(A/C, No, Ext): 715-303-6118 FAX
(A/C, No): 7153446126E-MAIL
ADDRESS: policyissue@amwins.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A : Great American Insurance Company

16691

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

INSURER B :

INSURER C :

INSURER D :

INSURER E :

INSURER F :

COVERAGES

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

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
Special Markets Insurance Consultants
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**

INSURED SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND ITS PARTICIPATING MEMBERS:

South Jersey Masters Soccer League
1437 HURFFVILLE RD
DEPTFORD, NJ 08096-3865

INSURER B :**INSURER C :****INSURER D :****INSURER E :****INSURER F :****COVERAGES****CERTIFICATE NUMBER:** 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.

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							\$300,000
							MED EXP (Any one person)
							\$0
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						\$1,000,000
							GENERAL AGGREGATE
							\$2,000,000
							PRODUCTS - COMP/OP AGG
							\$2,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)
	<input type="checkbox"/> ANY AUTO						
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per person)
	<input type="checkbox"/> HIRED AUTO	<input type="checkbox"/> NON-OWNED AUTOS					
							BODILY INJURY (Per accident)
							PROPERTY DAMAGE (Per accident)
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR					EACH OCCURRENCE
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE
	<input type="checkbox"/> DED <input type="checkbox"/> 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
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

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

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

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

CONTACT
NAME:PHONE
(A/C, No, Ext): 715-303-6118 FAX
(A/C, No): 7153446126E-MAIL
ADDRESS: policyissue@amwins.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A : Great American Insurance Company

16691

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

INSURER B :

INSURER C :

INSURER D :

INSURER E :

INSURER F :

COVERAGES

CERTIFICATE NUMBER: GAS174916

REVISION NUMBER:

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	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)
							\$300,000
							MED EXP (Any one person)
							\$0
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC						\$1,000,000
							GENERAL AGGREGATE
							\$2,000,000
							PRODUCTS - COMP/OP AGG
							\$2,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)
	<input type="checkbox"/> ANY AUTO						
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per person)
	<input type="checkbox"/> HIRED AUTO						
	<input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						BODILY INJURY (Per accident)
							PROPERTY DAMAGE (Per accident)
	UMBRELLA LIAB						EACH OCCURRENCE
	<input type="checkbox"/> OCCUR						
	EXCESS LIAB						AGGREGATE
	<input type="checkbox"/> CLAIMS-MADE						
	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
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							\$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

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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PRODUCER Special Markets Insurance Consultants 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 #		
INSURED SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND ITS PARTICIPATING MEMBERS: South Jersey Masters Soccer League 1437 HURFFVILLE RD DEPTFORD, NJ 08096-3865	INSURER A : Great American Insurance Company		16691
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
	INSURER F :		

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

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

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

CONTACT
NAME:PHONE
(A/C, No, Ext): 715-303-6118 FAX
(A/C, No): 7153446126E-MAIL
ADDRESS: policyissue@amwins.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A : Great American Insurance Company

16691

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

INSURER B :

INSURER C :

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COVERAGES

CERTIFICATE NUMBER: 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

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



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STEVENS POINT, WI 54481-2860

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INSURER B :

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COVERAGES

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	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per person)
	<input type="checkbox"/> HIRED AUTO						
	<input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)
	<input type="checkbox"/> NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)
A	UMBRELLA LIAB						EACH OCCURRENCE
	<input type="checkbox"/> OCCUR						
	EXCESS LIAB						AGGREGATE
	<input type="checkbox"/> CLAIMS-MADE						
	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

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)
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).

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

CONTACT
NAME:PHONE
(A/C, No, Ext): 715-303-6118 FAX
(A/C, No): 7153446126E-MAIL
ADDRESS: policyissue@amwins.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A : Great American Insurance Company

16691

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

INSURER B :

INSURER C :

INSURER D :

INSURER E :

INSURER F :

COVERAGES

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

Washington Township Board of Education
206 East Holly Ave
Sewell, NJ 08008

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

CONTACT
NAME:PHONE
(A/C, No, Ext): 715-303-6118 FAX
(A/C, No): 7153446126E-MAIL
ADDRESS: policyissue@amwins.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A : Great American Insurance Company

16691

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

INSURER B :

INSURER C :

INSURER D :

INSURER E :

INSURER F :

COVERAGES

CERTIFICATE NUMBER: 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 WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
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	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)
							\$300,000
							MED EXP (Any one person)
							\$0
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC						\$1,000,000
							GENERAL AGGREGATE
							\$2,000,000
							PRODUCTS - COMP/OP AGG
							\$2,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)
	<input type="checkbox"/> ANY AUTO						
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per person)
	<input type="checkbox"/> HIRED AUTO						
	<input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						BODILY INJURY (Per accident)
							PROPERTY DAMAGE (Per accident)
	UMBRELLA LIAB						EACH OCCURRENCE
	<input type="checkbox"/> OCCUR						
	EXCESS LIAB						AGGREGATE
	<input type="checkbox"/> CLAIMS-MADE						
	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

West Deptford Township
400 Crown Point
West Deptford, NJ 08086

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Special Markets Insurance Consultants



CERTIFICATE OF LIABILITY INSURANCE

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

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PRODUCER Special Markets Insurance Consultants 1055 MAIN ST STE 101 STEVENS POINT, WI 54481-2860	CONTACT NAME:		
	PHONE (A/C, No, Ext): 715-303-6118	FAX (A/C, No): 7153446126	
	E-MAIL ADDRESS: policyissue@amwins.com		
	INSURER(S) AFFORDING COVERAGE		
	NAIC #		
INSURED SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND ITS PARTICIPATING MEMBERS: South Jersey Masters Soccer League 1437 HURFFVILLE RD DEPTFORD, NJ 08096-3865	INSURER A : Great American Insurance Company		16691
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
	INSURER F :		

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

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

CONTACT
NAME:PHONE
(A/C, No, Ext): 715-303-6118 FAX
(A/C, No): 7153446126E-MAIL
ADDRESS: policyissue@amwins.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A : Great American Insurance Company

16691

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

INSURER B :

INSURER C :

INSURER D :

INSURER E :

INSURER F :

COVERAGES

CERTIFICATE NUMBER: 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.

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

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

CONTACT
NAME:PHONE
(A/C, No, Ext): 715-303-6118 FAX
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ADDRESS: policyissue@amwins.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A : Great American Insurance Company

16691

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1437 HURFFVILLE RD
DEPTFORD, NJ 08096-3865

INSURER B :

INSURER C :

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INSURER F :

COVERAGES

CERTIFICATE NUMBER: GAS174916

REVISION NUMBER:

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	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)
							\$300,000
							MED EXP (Any one person)
							\$0
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC						\$1,000,000
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							\$2,000,000
							PRODUCTS - COMP/OP AGG
							\$2,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)
	<input type="checkbox"/> ANY AUTO						
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per person)
	<input type="checkbox"/> HIRED AUTO						
	<input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						BODILY INJURY (Per accident)
							PROPERTY DAMAGE (Per accident)
	UMBRELLA LIAB						EACH OCCURRENCE
	<input type="checkbox"/> OCCUR						
	EXCESS LIAB						AGGREGATE
	<input type="checkbox"/> CLAIMS-MADE						
	DED						
	RETENTION \$						
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							\$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

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
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AUTHORIZED REPRESENTATIVE

Special Markets Insurance Consultants