<u>ACORD</u>™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/28/15

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).

	1-7-				
PRODUCER					
K&K INSURANCE GROUP, INC.		CONTACT NAME:	SPORTS		
P.O. Box 2338 FORT WAYNE, IN 46801		PHONE (A/C, No. Ext):	800-441-3994	FAX (A/C, No): 260-4	59-5120
		E-MAIL ADDRESS:	KK.SPORTS@KANDKINSUR	ANCE.COM	
INSURED		IN	SURER(S) AFFORDING COVE	RAGE	NAIC #
	MEMBER NO:	INSURER A: SCOT	TSDALE INSURANCE COMPAN	IY	41297
USA HOCKEY INC. AND ITS MEMBER LEAGUES,		INSURER B:			
AND TEAMS		INSURER C:			
1775 BOB JOHNSON DRIVE		INSURER D:			
COLORADO SPRINGS, CO 80906		INSURER E:			
		INSURER F:			

COVERAGES CERTIFICATE NUMBER: 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 IN	SUR	ANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	Χ	СОММЕ	RCIAL	GENE	RAL	LIABILITY						EACH OCCURRENCE	\$2,000,000
Α		CL	AIMS-N	MADE)	OCCUR				12:01 AM	12:01 AM	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000
							Υ		KRS0005721300	9/01/15	9/01/16	MED EXP (Any one person)	\$5,000
						<u> </u>						PERSONAL & ADV INJURY	\$2,000,000
	GEN	L AGGRE	GATE	LIMIT	APP	LIES PER:						GENERAL AGGREGATE	NONE
		POLICY		PRO	DJEC	T LOC						PRODUCTS-COMP/OP AGG	\$2,000,000
		OTHER:										PARTICIPANT LEGAL LIABILITY	\$2,000,000
	AUT	OMOBILE	LIABI	LITY								COMBINED SINGLE LIMIT (Ea Accident)	
		ANY AU	го									BODILY INJURY (Per person)	
		ALL OWI	NED A	UTOS		SCHEDULED AUTOS						BODILY INJURY (Per accident)	
		HIRED A	UTOS			NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	
												,	
		UMBREL	LA LI	AB		OCCUR						EACH OCCURRENCE	
		EXCESS	LIAB			CLAIMS-MADE						AGGREGATE	
		DED		RETEN	NTIO	N							
		KERS CO				Y/N						PER STATUTE OTHER	
	ANY		TOR/F	PARTN	IER/E	XECUTIVE						E.L. EACH ACCIDENT	
	(Man	idatory in s. describe	NH)		טבטו	· —						E.L. DISEASE – EA EMPLOYEE	
	DES	CRIPTION	I OF O	PERA	TION	S below						E.L. DISEASE - POLICY LIMIT	
DEGG	DIDT	ION OF C	DEDA	TIONO	// 0	CATIONS (VEHICL	FO (AT	TAGUL	0000 404 Additional Barre	-d O-bd-d			
DESC	KIPI	ION OF C	PEKA	IIONS	, LO	CATIONS / VEHICLI	ES (AI	IACH	ACORD 101, Additional Rem	iarks ochedule, ma	iy be attached if mo	ore space is required)	

CLUB: SARATOGA YOUTH HOCKEY, INC
LOCATION: VARIOUS LOCATIONS
ADDITIONAL INSURED AS RESPECTS TO THE LIABILITY ARISING FROM THE NAMED INSURED.

CERTIFICATE HOLDER	CANCELLATIO
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CITY OF SARATOGA SPRINGS OFFICE RISK AND SAFETY 474 BROADWAY SARATOGA SPRINGS, NY 12866

SEE ATTACHED ADDENDUM

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

AUTHORIZED REPRESENTATIVE

Scott hurhard

AGENCY CUSTOMER ID:	
LOC	

CERTIFICATE:

DATE ISSUED: 8/28/15

ACORD_{TM}

ADDITIONAL REMARKS SCHEDULE

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AGENCY		NAMED INSURED		
K&K Insurance Group, Inc.		USA HOCKEY INC. AND ITS MEMBER LEAGUES,		
POLICY NUMBER		AND TEAMS 1775 BOB JOHNSON DRIVE		
GL KRS0005721300		COLORADO SPRINGS, CO 80906		
CARRIER	NAIC CODE			
SEE ACORD 25		EFFECTIVE DATE: SEE ACORD 25		
	1	EFFECTIVE DATE: SEE ACORD 23		

ADDITIONAL REMARKS

THIS ADDITIONAL R	REMARKS FORM IS A SCHEDULE TO	O ACORD FORM,	
FORM NUMBER:	SEE ACORD 25	FORM TITLE:	CERTIFICATE OF LIABILITY INSURANCE

CERTIFICATE HOLDER/ADDITIONAL INSURED: (CONTINUED)

- 1. CITY OF SARATOGA SPRINGS, NEW YORK RE: WIEBEL AND VERNON ICE RINKS
- 2. CITY OF GLEN FALLS, NEW YORK RE: GLENS FALLS ICE RINK
- 3. CITY OF SCHENECTADY, NEW YORK RE: SCRF ICE RINK
- 4. GLENS FALLS CIVIC CENTER ICE RINK 1 CIVIC CENTER PLAZA GLENS FALLS, NY
- 5. WEIBEL AVENUE CONCESSION STAND

THIS CERTIFICATE REPLACES THE CERTIFICATE ISSUED ON 8/25/15