

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
12/12/2019

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

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

<b>PRODUCER</b> <b>ESP INSURANCE BROKERAGE LLC</b> 306 Main Street Worcester, MA 01608	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): -      FAX (A/C, No):	
	<b>E-MAIL ADDRESS:</b>	
<b>INSURED</b> <b>FINGER LAKES YOUTH FOOTBALL AND CHEERLEADING LEAGUE INC</b> PO BOX 35 Lyons, NY 14489	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A :</b> Houston Casualty Company	<b>NAIC #</b> 42374
	<b>INSURER B :</b> AIG Insurance	19402
	<b>INSURER C :</b> Great American Ins Co. (IL)	
	<b>INSURER D :</b>	
	<b>INSURER E :</b>	
	<b>INSURER F :</b>	

**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 INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>300,000</b> MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>5,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>5,000,000</b> \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE \$ <b>1,000,000</b> AGGREGATE \$ <b>1,000,000</b> \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	A&H			SRG0009133720	01/01/2020	01/01/2021	SEE REMARKS
C	D&O			EPP2452954	01/23/2020	01/23/2021	SEE REMARKS

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

THE CERTIFICATE HOLDER is added as an additional insured with respects to general liability coverage but only with respect to liability arising out of the operations of the named insureds league.  
 Sexual Abuse / Molestation limits are as follows: \$1,000,000 EACH OCCURRENCE / \$2,000,000 AGGREGATE  
 THIS POLICY DOES NOT EXCLUDE CONCUSSIONS

(See Attached Descriptions)

<b>CERTIFICATE HOLDER</b>  HFL MANOR SCHOOL 147 EAST STREET Honeoye Falls, NY 14472	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  
---	--

## DESCRIPTIONS (Continued from Page 1)

### YOUTH PARTICIPANTS ACCIDENT & HEALTH COVERAGE

Accidental Death, Accidental Dismemberment (AD&D) Benefit: \$10,000 Maximum amount  
Accident Medical Expense Benefit: \$250,000  
Deductible: \$250  
per accident  
Dental Maximum: \$250 per  
tooth/per accident  
Incurral Period: within 90 days of the date of the accident causing the Injury  
Benefit Payout Period: payable only for such charges incurred within 52 weeks after the date of the  
accident causing the Injury

### CRIME PROTECTION POLICY NUMBER 197008660 COMPANY: HCC

Crime / Employee Theft \$25,000  
Deductible \$500

### DIRECTORS & OFFICERS

Directors & Officers Limit \$1,000,000  
Retention \$1,000  
Aggregate Limit \$1,000,000

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
12/12/2019

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

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

<b>PRODUCER</b> <b>ESP INSURANCE BROKERAGE LLC</b> 306 Main Street Worcester, MA 01608	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): -      FAX (A/C, No):	
	<b>E-MAIL ADDRESS:</b>	
<b>INSURED</b> <b>FINGER LAKES YOUTH FOOTBALL AND CHEERLEADING LEAGUE INC</b> PO BOX 35 Lyons, NY 14489	<b>INSURER(S) AFFORDING COVERAGE</b>	
	INSURER A : Houston Casualty Company	<b>NAIC #</b> <b>42374</b>
	INSURER B : AIG Insurance	<b>19402</b>
	INSURER C : Great American Ins Co. (IL)	
	INSURER D :	
	INSURER E :	


**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 INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>300,000</b> MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>5,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>5,000,000</b> \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE \$ <b>1,000,000</b> AGGREGATE \$ <b>1,000,000</b> \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	A&H			SRG0009133720	01/01/2020	01/01/2021	SEE REMARKS
C	D&O			EPP2452954	01/23/2020	01/23/2021	SEE REMARKS

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**THE CERTIFICATE HOLDER is added as an additional insured with respects to general liability coverage but only with respect to liability arising out of the operations of the named insureds league.**  
**Sexual Abuse / Molestation limits are as follows: \$1,000,000 EACH OCCURRENCE / \$2,000,000 AGGREGATE**  
**THIS POLICY DOES NOT EXCLUDE CONCUSSIONS**

(See Attached Descriptions)

<b>CERTIFICATE HOLDER</b> LAFAYETTE JR/SR HIGH SCHOOL 3122 US-11 La Fayette, NY 13084	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
--	--

## DESCRIPTIONS (Continued from Page 1)

### YOUTH PARTICIPANTS ACCIDENT & HEALTH COVERAGE

Accidental Death, Accidental Dismemberment (AD&D) Benefit: \$10,000 Maximum amount  
Accident Medical Expense Benefit: \$250,000  
Deductible: \$250  
per accident  
Dental Maximum: \$250 per  
tooth/per accident  
Incurral Period: within 90 days of the date of the accident causing the Injury  
Benefit Payout Period: payable only for such charges incurred within 52 weeks after the date of the  
accident causing the Injury

### CRIME PROTECTION POLICY NUMBER 197008660 COMPANY: HCC

Crime / Employee Theft \$25,000  
Deductible \$500

### DIRECTORS & OFFICERS

Directors & Officers Limit \$1,000,000  
Retention \$1,000  
Aggregate Limit \$1,000,000



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/12/2019

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

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

<b>PRODUCER</b> <b>ESP INSURANCE BROKERAGE LLC</b> 306 Main Street Worcester, MA 01608	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): -      FAX (A/C, No): E-MAIL ADDRESS:
	INSURER(S) AFFORDING COVERAGE      NAIC # INSURER A : Houston Casualty Company <b>42374</b> INSURER B : AIG Insurance <b>19402</b> INSURER C : Great American Ins Co. (IL) INSURER D : INSURER E : INSURER F :
<b>INSURED</b> <b>FINGER LAKES YOUTH FOOTBALL AND CHEERLEADING LEAGUE INC</b> PO BOX 35 Lyons, NY 14489	


**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 INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence)      \$300,000 MED EXP (Any one person)      \$ PERSONAL & ADV INJURY      \$1,000,000 GENERAL AGGREGATE      \$5,000,000 PRODUCTS - COMP/OP AGG      \$5,000,000 \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)      \$ BODILY INJURY (Per person)      \$ BODILY INJURY (Per accident)      \$ PROPERTY DAMAGE (Per accident)      \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$1,000,000 AGGREGATE      \$1,000,000 \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?    Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT      \$ E.L. DISEASE - EA EMPLOYEE      \$ E.L. DISEASE - POLICY LIMIT      \$
B	A&H			SRG0009133720	01/01/2020	01/01/2021	SEE REMARKS
C	D&O			EPP2452954	01/23/2020	01/23/2021	SEE REMARKS

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**THE CERTIFICATE HOLDER is added as an additional insured with respects to general liability coverage but only with respect to liability arising out of the operations of the named insureds league.**  
**Sexual Abuse / Molestation limits are as follows: \$1,000,000 EACH OCCURRENCE / \$2,000,000 AGGREGATE**  
**THIS POLICY DOES NOT EXCLUDE CONCUSSIONS**

(See Attached Descriptions)

<b>CERTIFICATE HOLDER</b> NEWARK HIGH SHCOOL AND MIDDLE SCHOOL 625 PEIRSON AVE Newark, NY 14513	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
--	--

## DESCRIPTIONS (Continued from Page 1)

### YOUTH PARTICIPANTS ACCIDENT & HEALTH COVERAGE

Accidental Death, Accidental Dismemberment (AD&D) Benefit: \$10,000 Maximum amount  
Accident Medical Expense Benefit: \$250,000  
Deductible: \$250  
per accident  
Dental Maximum: \$250 per  
tooth/per accident  
Incurral Period: within 90 days of the date of the accident causing the Injury  
Benefit Payout Period: payable only for such charges incurred within 52 weeks after the date of the  
accident causing the Injury

### CRIME PROTECTION POLICY NUMBER 197008660 COMPANY: HCC

Crime / Employee Theft \$25,000  
Deductible \$500

### DIRECTORS & OFFICERS

Directors & Officers Limit \$1,000,000  
Retention \$1,000  
Aggregate Limit \$1,000,000

**CERTIFICATE OF LIABILITY INSURANCE**

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

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


<b>PRODUCER</b> <b>ESP INSURANCE BROKERAGE LLC</b> 306 Main Street Worcester, MA 01608	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): -      FAX (A/C, No):	
	<b>E-MAIL ADDRESS:</b>	
<b>INSURED</b> <b>FINGER LAKES YOUTH FOOTBALL AND CHEERLEADING LEAGUE INC</b> PO BOX 35 Lyons, NY 14489	<b>INSURER(S) AFFORDING COVERAGE</b>	
	INSURER A : Houston Casualty Company	<b>NAIC #</b> <b>42374</b>
	INSURER B : AIG Insurance	<b>19402</b>
	INSURER C : Great American Ins Co. (IL)	
	INSURER D :	
	INSURER E :	

**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 INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>300,000</b> MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>5,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>5,000,000</b> \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE \$ <b>1,000,000</b> AGGREGATE \$ <b>1,000,000</b> \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	A&H			SRG0009133720	01/01/2020	01/01/2021	SEE REMARKS
C	D&O			EPP2452954	01/23/2020	01/23/2021	SEE REMARKS

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**THE CERTIFICATE HOLDER is added as an additional insured with respects to general liability coverage but only with respect to liability arising out of the operations of the named insureds league.**  
**Sexual Abuse / Molestation limits are as follows: \$1,000,000 EACH OCCURRENCE / \$2,000,000 AGGREGATE**  
**THIS POLICY DOES NOT EXCLUDE CONCUSSIONS**  
 (See Attached Descriptions)

<b>CERTIFICATE HOLDER</b> TULLY JR/SR HIGH SCHOOL 5848 NY - 80 Tully, NY 13159	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
---	--

## DESCRIPTIONS (Continued from Page 1)

### YOUTH PARTICIPANTS ACCIDENT & HEALTH COVERAGE

Accidental Death, Accidental Dismemberment (AD&D) Benefit: \$10,000 Maximum amount  
Accident Medical Expense Benefit: \$250,000  
Deductible: \$250  
per accident  
Dental Maximum: \$250 per  
tooth/per accident  
Incurral Period: within 90 days of the date of the accident causing the Injury  
Benefit Payout Period: payable only for such charges incurred within 52 weeks after the date of the  
accident causing the Injury

### CRIME PROTECTION POLICY NUMBER 197008660 COMPANY: HCC

Crime / Employee Theft \$25,000  
Deductible \$500

### DIRECTORS & OFFICERS

Directors & Officers Limit \$1,000,000  
Retention \$1,000  
Aggregate Limit \$1,000,000



**CERTIFICATE OF LIABILITY INSURANCE**

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

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


<b>PRODUCER</b> <b>ESP INSURANCE BROKERAGE LLC</b> 306 Main Street Worcester, MA 01608	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): -      FAX (A/C, No): E-MAIL ADDRESS:
	INSURER(S) AFFORDING COVERAGE      NAIC # INSURER A : Houston Casualty Company <b>42374</b> INSURER B : AIG Insurance <b>19402</b> INSURER C : Great American Ins Co. (IL) INSURER D : INSURER E : INSURER F :
<b>INSURED</b> <b>FINGER LAKES YOUTH FOOTBALL AND CHEERLEADING LEAGUE INC</b> PO BOX 35 Lyons, NY 14489	

**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 INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>A</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<b>X</b>		<b>197008660</b>	<b>01/01/2020</b>	<b>01/01/2021</b>	EACH OCCURRENCE      \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence)      \$ <b>300,000</b> MED EXP (Any one person)      \$ PERSONAL & ADV INJURY      \$ <b>1,000,000</b> GENERAL AGGREGATE      \$ <b>5,000,000</b> PRODUCTS - COMP/OP AGG      \$ <b>5,000,000</b> \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)      \$ BODILY INJURY (Per person)      \$ BODILY INJURY (Per accident)      \$ PROPERTY DAMAGE (Per accident)      \$ \$
<b>A</b>	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$	<b>X</b>		<b>197008660</b>	<b>01/01/2020</b>	<b>01/01/2021</b>	EACH OCCURRENCE      \$ <b>1,000,000</b> AGGREGATE      \$ <b>1,000,000</b> \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?    Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		<b>N/A</b>				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT      \$ E.L. DISEASE - EA EMPLOYEE      \$ E.L. DISEASE - POLICY LIMIT      \$
<b>B</b>	<b>A&amp;H</b>			<b>SRG0009133720</b>	<b>01/01/2020</b>	<b>01/01/2021</b>	<b>SEE REMARKS</b>
<b>C</b>	<b>D&amp;O</b>			<b>EPP2452954</b>	<b>01/23/2020</b>	<b>01/23/2021</b>	<b>SEE REMARKS</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**THE CERTIFICATE HOLDER is added as an additional insured with respects to general liability coverage but only with respect to liability arising out of the operations of the named insureds league.**  
**Sexual Abuse / Molestation limits are as follows: \$1,000,000 EACH OCCURRENCE / \$2,000,000 AGGREGATE**  
**THIS POLICY DOES NOT EXCLUDE CONCUSSIONS**  
**(See Attached Descriptions)**

<b>CERTIFICATE HOLDER</b> TULLY TOWN PARK 5833 MEETINGHOUSE ROAD Tully, NY 13159	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
---	--

## DESCRIPTIONS (Continued from Page 1)

### YOUTH PARTICIPANTS ACCIDENT & HEALTH COVERAGE

Accidental Death, Accidental Dismemberment (AD&D) Benefit: \$10,000 Maximum amount  
Accident Medical Expense Benefit: \$250,000  
Deductible: \$250  
per accident  
Dental Maximum: \$250 per  
tooth/per accident  
Incurral Period: within 90 days of the date of the accident causing the Injury  
Benefit Payout Period: payable only for such charges incurred within 52 weeks after the date of the  
accident causing the Injury

### CRIME PROTECTION POLICY NUMBER 197008660 COMPANY: HCC

Crime / Employee Theft \$25,000  
Deductible \$500

### DIRECTORS & OFFICERS

Directors & Officers Limit \$1,000,000  
Retention \$1,000  
Aggregate Limit \$1,000,000

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

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


<b>PRODUCER</b> <b>ESP INSURANCE BROKERAGE LLC</b> 306 Main Street Worcester, MA 01608	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): -      FAX (A/C, No):	
	<b>E-MAIL ADDRESS:</b>	
<b>INSURED</b> <b>FINGER LAKES YOUTH FOOTBALL AND CHEERLEADING LEAGUE INC</b> PO BOX 35 Lyons, NY 14489	<b>INSURER(S) AFFORDING COVERAGE</b>	
	INSURER A : Houston Casualty Company	<b>NAIC #</b> <b>42374</b>
	INSURER B : AIG Insurance	<b>19402</b>
	INSURER C : Great American Ins Co. (IL)	
	INSURER D :	
	INSURER E :	

**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 INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence)      \$ <b>300,000</b> MED EXP (Any one person)      \$ PERSONAL & ADV INJURY      \$ <b>1,000,000</b> GENERAL AGGREGATE      \$ <b>5,000,000</b> PRODUCTS - COMP/OP AGG      \$ <b>5,000,000</b> \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)      \$ BODILY INJURY (Per person)      \$ BODILY INJURY (Per accident)      \$ PROPERTY DAMAGE (Per accident)      \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$ <b>1,000,000</b> AGGREGATE      \$ <b>1,000,000</b> \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?    Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT      \$ E.L. DISEASE - EA EMPLOYEE      \$ E.L. DISEASE - POLICY LIMIT      \$
B	A&H			SRG0009133720	01/01/2020	01/01/2021	SEE REMARKS
C	D&O			EPP2452954	01/23/2020	01/23/2021	SEE REMARKS

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**THE CERTIFICATE HOLDER is added as an additional insured with respects to general liability coverage but only with respect to liability arising out of the operations of the named insureds league.**  
**Sexual Abuse / Molestation limits are as follows: \$1,000,000 EACH OCCURRENCE / \$2,000,000 AGGREGATE**  
**THIS POLICY DOES NOT EXCLUDE CONCUSSIONS**  
 (See Attached Descriptions)

<b>CERTIFICATE HOLDER</b> ROCHESTER INSTITUTE OF TECHNOLOGY - GORDON FIELD HOUSE 1 LOMB MEMORIAL DRIVE Rochester, NY 14623	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
---	--

## DESCRIPTIONS (Continued from Page 1)

### YOUTH PARTICIPANTS ACCIDENT & HEALTH COVERAGE

Accidental Death, Accidental Dismemberment (AD&D) Benefit: \$10,000 Maximum amount  
Accident Medical Expense Benefit: \$250,000  
Deductible: \$250  
per accident  
Dental Maximum: \$250 per  
tooth/per accident  
Incurral Period: within 90 days of the date of the accident causing the Injury  
Benefit Payout Period: payable only for such charges incurred within 52 weeks after the date of the  
accident causing the Injury

### CRIME PROTECTION POLICY NUMBER 197008660 COMPANY: HCC

Crime / Employee Theft \$25,000  
Deductible \$500

### DIRECTORS & OFFICERS

Directors & Officers Limit \$1,000,000  
Retention \$1,000  
Aggregate Limit \$1,000,000

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
12/12/2019

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

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

<b>PRODUCER</b> <b>ESP INSURANCE BROKERAGE LLC</b> 306 Main Street Worcester, MA 01608	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): -      FAX (A/C, No):	
	<b>E-MAIL ADDRESS:</b>	
<b>INSURED</b> <b>FINGER LAKES YOUTH FOOTBALL AND CHEERLEADING LEAGUE INC</b> PO BOX 35 Lyons, NY 14489	<b>INSURER(S) AFFORDING COVERAGE</b>	
	INSURER A : Houston Casualty Company	<b>NAIC #</b> <b>42374</b>
	INSURER B : AIG Insurance	<b>19402</b>
	INSURER C : Great American Ins Co. (IL)	
	INSURER D :	
	INSURER E :	


**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 INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$ <b>1,000,000</b>
							DAMAGE TO RENTED PREMISES (Ea occurrence)      \$ <b>300,000</b>
							MED EXP (Any one person)      \$
							PERSONAL & ADV INJURY      \$ <b>1,000,000</b>
							GENERAL AGGREGATE      \$ <b>5,000,000</b>
							PRODUCTS - COMP/OP AGG      \$ <b>5,000,000</b>
							\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)      \$ BODILY INJURY (Per person)      \$ BODILY INJURY (Per accident)      \$ PROPERTY DAMAGE (Per accident)      \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$ <b>1,000,000</b>
							AGGREGATE      \$ <b>1,000,000</b>
							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?    Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT      \$ E.L. DISEASE - EA EMPLOYEE      \$ E.L. DISEASE - POLICY LIMIT      \$
B	A&H			SRG0009133720	01/01/2020	01/01/2021	SEE REMARKS
C	D&O			EPP2452954	01/23/2020	01/23/2021	SEE REMARKS

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**THE CERTIFICATE HOLDER is added as an additional insured with respects to general liability coverage but only with respect to liability arising out of the operations of the named insureds league.**  
**Sexual Abuse / Molestation limits are as follows: \$1,000,000 EACH OCCURRENCE / \$2,000,000 AGGREGATE**  
**THIS POLICY DOES NOT EXCLUDE CONCUSSIONS**

(See Attached Descriptions)

<b>CERTIFICATE HOLDER</b>  Marcellus Central School District 2 Reed Parkway Marcellus, NY 13108	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  
--	--

## DESCRIPTIONS (Continued from Page 1)

### YOUTH PARTICIPANTS ACCIDENT & HEALTH COVERAGE

Accidental Death, Accidental Dismemberment (AD&D) Benefit: \$10,000 Maximum amount  
Accident Medical Expense Benefit: \$250,000  
Deductible: \$250  
per accident  
Dental Maximum: \$250 per  
tooth/per accident  
Incurral Period: within 90 days of the date of the accident causing the Injury  
Benefit Payout Period: payable only for such charges incurred within 52 weeks after the date of the  
accident causing the Injury

### CRIME PROTECTION POLICY NUMBER 197008660 COMPANY: HCC

Crime / Employee Theft \$25,000  
Deductible \$500

### DIRECTORS & OFFICERS

Directors & Officers Limit \$1,000,000  
Retention \$1,000  
Aggregate Limit \$1,000,000

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
12/12/2019

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

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

<b>PRODUCER</b> <b>ESP INSURANCE BROKERAGE LLC</b> 306 Main Street Worcester, MA 01608	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): -      FAX (A/C, No):	
	<b>E-MAIL ADDRESS:</b>	
<b>INSURED</b> <b>FINGER LAKES YOUTH FOOTBALL AND CHEERLEADING LEAGUE INC</b> PO BOX 35 Lyons, NY 14489	<b>INSURER(S) AFFORDING COVERAGE</b>	
	INSURER A : Houston Casualty Company	<b>NAIC #</b> <b>42374</b>
	INSURER B : AIG Insurance	<b>19402</b>
	INSURER C : Great American Ins Co. (IL)	
	INSURER D :	
	INSURER E :	


**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 INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$ <b>1,000,000</b>
							DAMAGE TO RENTED PREMISES (Ea occurrence)      \$ <b>300,000</b>
							MED EXP (Any one person)      \$
							PERSONAL & ADV INJURY      \$ <b>1,000,000</b>
							GENERAL AGGREGATE      \$ <b>5,000,000</b>
							PRODUCTS - COMP/OP AGG      \$ <b>5,000,000</b>
							\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)      \$ BODILY INJURY (Per person)      \$ BODILY INJURY (Per accident)      \$ PROPERTY DAMAGE (Per accident)      \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$ <b>1,000,000</b>
							AGGREGATE      \$ <b>1,000,000</b>
							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?    Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT      \$ E.L. DISEASE - EA EMPLOYEE      \$ E.L. DISEASE - POLICY LIMIT      \$
B	A&H			SRG0009133720	01/01/2020	01/01/2021	SEE REMARKS
C	D&O			EPP2452954	01/23/2020	01/23/2021	SEE REMARKS

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**THE CERTIFICATE HOLDER is added as an additional insured with respects to general liability coverage but only with respect to liability arising out of the operations of the named insureds league.**  
**Sexual Abuse / Molestation limits are as follows: \$1,000,000 EACH OCCURRENCE / \$2,000,000 AGGREGATE**  
**THIS POLICY DOES NOT EXCLUDE CONCUSSIONS**

(See Attached Descriptions)

<b>CERTIFICATE HOLDER</b>  <b>ARTS IN MOTION STUDIO</b> 10 SEMINARY AVE Auburn, NY 13021	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  
--	--

## DESCRIPTIONS (Continued from Page 1)

### YOUTH PARTICIPANTS ACCIDENT & HEALTH COVERAGE

Accidental Death, Accidental Dismemberment (AD&D) Benefit: \$10,000 Maximum amount  
Accident Medical Expense Benefit: \$250,000  
Deductible: \$250  
per accident  
Dental Maximum: \$250 per  
tooth/per accident  
Incurral Period: within 90 days of the date of the accident causing the Injury  
Benefit Payout Period: payable only for such charges incurred within 52 weeks after the date of the  
accident causing the Injury

### CRIME PROTECTION POLICY NUMBER 197008660 COMPANY: HCC

Crime / Employee Theft \$25,000  
Deductible \$500

### DIRECTORS & OFFICERS

Directors & Officers Limit \$1,000,000  
Retention \$1,000  
Aggregate Limit \$1,000,000



**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
12/12/2019

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

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


<b>PRODUCER</b> <b>ESP INSURANCE BROKERAGE LLC</b> 306 Main Street Worcester, MA 01608	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): -      FAX (A/C, No):	
	<b>E-MAIL ADDRESS:</b>	
<b>INSURED</b> <b>FINGER LAKES YOUTH FOOTBALL AND CHEERLEADING LEAGUE INC</b> PO BOX 35 Lyons, NY 14489	<b>INSURER(S) AFFORDING COVERAGE</b> <b>NAIC #</b>	
	<b>INSURER A :</b> Houston Casualty Company <b>42374</b>	
	<b>INSURER B :</b> AIG Insurance <b>19402</b>	
	<b>INSURER C :</b> Great American Ins Co. (IL)	
	<b>INSURER D :</b>	
	<b>INSURER E :</b>	
<b>INSURER F :</b>		

**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 INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$ <b>1,000,000</b>
							DAMAGE TO RENTED PREMISES (Ea occurrence)      \$ <b>300,000</b>
							MED EXP (Any one person)      \$
							PERSONAL & ADV INJURY      \$ <b>1,000,000</b>
							GENERAL AGGREGATE      \$ <b>5,000,000</b>
							PRODUCTS - COMP/OP AGG      \$ <b>5,000,000</b>
							\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)      \$
							BODILY INJURY (Per person)      \$
							BODILY INJURY (Per accident)      \$
							PROPERTY DAMAGE (Per accident)      \$
							\$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB      CLAIMS-MADE DED      RETENTION \$	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$ <b>1,000,000</b>
							AGGREGATE      \$ <b>1,000,000</b>
							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					PER STATUTE      OTH-ER
E.L. EACH ACCIDENT      \$							
E.L. DISEASE - EA EMPLOYEE      \$							
E.L. DISEASE - POLICY LIMIT      \$							
B	A&H			SRG0009133720	01/01/2020	01/01/2021	<b>SEE REMARKS</b>
C	D&O			EPP2452954	01/23/2020	01/23/2021	<b>SEE REMARKS</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**THE CERTIFICATE HOLDER is added as an additional insured with respects to general liability coverage but only with respect to liability arising out of the operations of the named insureds league.**  
**Sexual Abuse / Molestation limits are as follows: \$1,000,000 EACH OCCURRENCE / \$2,000,000 AGGREGATE**  
**THIS POLICY DOES NOT EXCLUDE CONCUSSIONS**  
**(See Attached Descriptions)**

<b>CERTIFICATE HOLDER</b>  4TCC 7263 MAIN ST Ovid, NY 14521	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
---	--

## DESCRIPTIONS (Continued from Page 1)

### YOUTH PARTICIPANTS ACCIDENT & HEALTH COVERAGE

Accidental Death, Accidental Dismemberment (AD&D) Benefit: \$10,000 Maximum amount  
Accident Medical Expense Benefit: \$250,000  
Deductible: \$250  
per accident  
Dental Maximum: \$250 per  
tooth/per accident  
Incurral Period: within 90 days of the date of the accident causing the Injury  
Benefit Payout Period: payable only for such charges incurred within 52 weeks after the date of the  
accident causing the Injury

### CRIME PROTECTION POLICY NUMBER 197008660 COMPANY: HCC

Crime / Employee Theft \$25,000  
Deductible \$500

### DIRECTORS & OFFICERS

Directors & Officers Limit \$1,000,000  
Retention \$1,000  
Aggregate Limit \$1,000,000

**CERTIFICATE OF LIABILITY INSURANCE**

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

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

<b>PRODUCER</b> <b>ESP INSURANCE BROKERAGE LLC</b> 306 Main Street Worcester, MA 01608	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): -      FAX (A/C, No):	
	<b>E-MAIL ADDRESS:</b>	
<b>INSURED</b> <b>FINGER LAKES YOUTH FOOTBALL AND CHEERLEADING LEAGUE INC</b> PO BOX 35 Lyons, NY 14489	<b>INSURER(S) AFFORDING COVERAGE</b>	
	INSURER A : Houston Casualty Company <b>NAIC # 42374</b>	
	INSURER B : AIG Insurance <b>19402</b>	
	INSURER C : Great American Ins Co. (IL)	
	INSURER D :	
	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 INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence)      \$ <b>300,000</b> MED EXP (Any one person)      \$ PERSONAL & ADV INJURY      \$ <b>1,000,000</b> GENERAL AGGREGATE      \$ <b>5,000,000</b> PRODUCTS - COMP/OP AGG      \$ <b>5,000,000</b> \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)      \$ BODILY INJURY (Per person)      \$ BODILY INJURY (Per accident)      \$ PROPERTY DAMAGE (Per accident)      \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$ <b>1,000,000</b> AGGREGATE      \$ <b>1,000,000</b> \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?    Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT      \$ E.L. DISEASE - EA EMPLOYEE      \$ E.L. DISEASE - POLICY LIMIT      \$
B	A&H			SRG0009133720	01/01/2020	01/01/2021	<b>SEE REMARKS</b>
C	D&O			EPP2452954	01/23/2020	01/23/2021	<b>SEE REMARKS</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**THE CERTIFICATE HOLDER is added as an additional insured with respects to general liability coverage but only with respect to liability arising out of the operations of the named insureds league.**  
**Sexual Abuse / Molestation limits are as follows: \$1,000,000 EACH OCCURRENCE / \$2,000,000 AGGREGATE**  
**THIS POLICY DOES NOT EXCLUDE CONCUSSIONS**

(See Attached Descriptions)

<b>CERTIFICATE HOLDER</b> GENEVA CITY SCHOOLS WEST STREET SCHOOL - 30 WEST STREET	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
---	--

## DESCRIPTIONS (Continued from Page 1)

### YOUTH PARTICIPANTS ACCIDENT & HEALTH COVERAGE

Accidental Death, Accidental Dismemberment (AD&D) Benefit: \$10,000 Maximum amount  
Accident Medical Expense Benefit: \$250,000  
Deductible: \$250  
per accident  
Dental Maximum: \$250 per  
tooth/per accident  
Incurral Period: within 90 days of the date of the accident causing the Injury  
Benefit Payout Period: payable only for such charges incurred within 52 weeks after the date of the  
accident causing the Injury

### CRIME PROTECTION POLICY NUMBER 197008660 COMPANY: HCC

Crime / Employee Theft \$25,000  
Deductible \$500

### DIRECTORS & OFFICERS

Directors & Officers Limit \$1,000,000  
Retention \$1,000  
Aggregate Limit \$1,000,000

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
12/12/2019

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

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

<b>PRODUCER</b> <b>ESP INSURANCE BROKERAGE LLC</b> 306 Main Street Worcester, MA 01608	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): -      FAX (A/C, No): E-MAIL ADDRESS:
	INSURER(S) AFFORDING COVERAGE      NAIC # INSURER A : Houston Casualty Company <b>42374</b> INSURER B : AIG Insurance <b>19402</b> INSURER C : Great American Ins Co. (IL) INSURER D : INSURER E : INSURER F :
<b>INSURED</b> <b>FINGER LAKES YOUTH FOOTBALL AND CHEERLEADING LEAGUE INC</b> PO BOX 35 Lyons, NY 14489	


**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 INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>A</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>		<b>197008660</b>	<b>01/01/2020</b>	<b>01/01/2021</b>	EACH OCCURRENCE      \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence)      \$ <b>300,000</b> MED EXP (Any one person)      \$ PERSONAL & ADV INJURY      \$ <b>1,000,000</b> GENERAL AGGREGATE      \$ <b>5,000,000</b> PRODUCTS - COMP/OP AGG      \$ <b>5,000,000</b> \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)      \$ BODILY INJURY (Per person)      \$ BODILY INJURY (Per accident)      \$ PROPERTY DAMAGE (Per accident)      \$ \$
<b>A</b>	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$	<input checked="" type="checkbox"/>		<b>197008660</b>	<b>01/01/2020</b>	<b>01/01/2021</b>	EACH OCCURRENCE      \$ <b>1,000,000</b> AGGREGATE      \$ <b>1,000,000</b> \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?    Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT      \$ E.L. DISEASE - EA EMPLOYEE      \$ E.L. DISEASE - POLICY LIMIT      \$
<b>B</b>	<b>A&amp;H</b>			<b>SRG0009133720</b>	<b>01/01/2020</b>	<b>01/01/2021</b>	<b>SEE REMARKS</b>
<b>C</b>	<b>D&amp;O</b>			<b>EPP2452954</b>	<b>01/23/2020</b>	<b>01/23/2021</b>	<b>SEE REMARKS</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**THE CERTIFICATE HOLDER is added as an additional insured with respects to general liability coverage but only with respect to liability arising out of the operations of the named insureds league.**  
**Sexual Abuse / Molestation limits are as follows: \$1,000,000 EACH OCCURRENCE / \$2,000,000 AGGREGATE**  
**THIS POLICY DOES NOT EXCLUDE CONCUSSIONS**

(See Attached Descriptions)

<b>CERTIFICATE HOLDER</b> Skaneateles Central School District 45 East Elizabeth Street Skaneateles, NY 13152	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
---	--

## DESCRIPTIONS (Continued from Page 1)

### YOUTH PARTICIPANTS ACCIDENT & HEALTH COVERAGE

Accidental Death, Accidental Dismemberment (AD&D) Benefit: \$10,000 Maximum amount  
Accident Medical Expense Benefit: \$250,000  
Deductible: \$250  
per accident  
Dental Maximum: \$250 per  
tooth/per accident  
Incurral Period: within 90 days of the date of the accident causing the Injury  
Benefit Payout Period: payable only for such charges incurred within 52 weeks after the date of the  
accident causing the Injury

### CRIME PROTECTION POLICY NUMBER 197008660 COMPANY: HCC

Crime / Employee Theft \$25,000  
Deductible \$500

### DIRECTORS & OFFICERS

Directors & Officers Limit \$1,000,000  
Retention \$1,000  
Aggregate Limit \$1,000,000

**CERTIFICATE OF LIABILITY INSURANCE**

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

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


<b>PRODUCER</b> <b>ESP INSURANCE BROKERAGE LLC</b> 306 Main Street Worcester, MA 01608	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): -      FAX (A/C, No): E-MAIL ADDRESS:
	INSURER(S) AFFORDING COVERAGE      NAIC # INSURER A : Houston Casualty Company <b>42374</b> INSURER B : AIG Insurance <b>19402</b> INSURER C : Great American Ins Co. (IL) INSURER D : INSURER E : INSURER F :
<b>INSURED</b> <b>FINGER LAKES YOUTH FOOTBALL AND CHEERLEADING LEAGUE INC</b> PO BOX 35 Lyons, NY 14489	

**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 INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>A</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>		<b>197008660</b>	<b>01/01/2020</b>	<b>01/01/2021</b>	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>300,000</b> MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>5,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>5,000,000</b> \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
<b>A</b>	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$	<input checked="" type="checkbox"/>		<b>197008660</b>	<b>01/01/2020</b>	<b>01/01/2021</b>	EACH OCCURRENCE \$ <b>1,000,000</b> AGGREGATE \$ <b>1,000,000</b> \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
<b>B</b>	<b>A&amp;H</b>			<b>SRG0009133720</b>	<b>01/01/2020</b>	<b>01/01/2021</b>	<b>SEE REMARKS</b>
<b>C</b>	<b>D&amp;O</b>			<b>EPP2452954</b>	<b>01/23/2020</b>	<b>01/23/2021</b>	<b>SEE REMARKS</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**THE CERTIFICATE HOLDER is added as an additional insured with respects to general liability coverage but only with respect to liability arising out of the operations of the named insureds league.**  
**Sexual Abuse / Molestation limits are as follows: \$1,000,000 EACH OCCURRENCE / \$2,000,000 AGGREGATE**  
**THIS POLICY DOES NOT EXCLUDE CONCUSSIONS**  
**(See Attached Descriptions)**

<b>CERTIFICATE HOLDER</b> Marcellus Olde Home Days Parade 3420 West Seneca Turnpike Syracuse, NY 13215	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
---	--

## DESCRIPTIONS (Continued from Page 1)

### YOUTH PARTICIPANTS ACCIDENT & HEALTH COVERAGE

Accidental Death, Accidental Dismemberment (AD&D) Benefit: \$10,000 Maximum amount  
Accident Medical Expense Benefit: \$250,000  
Deductible: \$250  
per accident  
Dental Maximum: \$250 per  
tooth/per accident  
Incurral Period: within 90 days of the date of the accident causing the Injury  
Benefit Payout Period: payable only for such charges incurred within 52 weeks after the date of the  
accident causing the Injury

### CRIME PROTECTION POLICY NUMBER 197008660 COMPANY: HCC

Crime / Employee Theft \$25,000  
Deductible \$500

### DIRECTORS & OFFICERS

Directors & Officers Limit \$1,000,000  
Retention \$1,000  
Aggregate Limit \$1,000,000





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/12/2019

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

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

<b>PRODUCER</b> <b>ESP INSURANCE BROKERAGE LLC</b> 306 Main Street Worcester, MA 01608	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): -      FAX (A/C, No): E-MAIL ADDRESS:
	INSURER(S) AFFORDING COVERAGE      NAIC # INSURER A : Houston Casualty Company <b>42374</b> INSURER B : AIG Insurance <b>19402</b> INSURER C : Great American Ins Co. (IL) INSURER D : INSURER E : INSURER F :
<b>INSURED</b> <b>FINGER LAKES YOUTH FOOTBALL AND CHEERLEADING LEAGUE INC</b> PO BOX 35 Lyons, NY 14489	

**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 INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence)      \$ <b>300,000</b> MED EXP (Any one person)      \$ PERSONAL & ADV INJURY      \$ <b>1,000,000</b> GENERAL AGGREGATE      \$ <b>5,000,000</b> PRODUCTS - COMP/OP AGG      \$ <b>5,000,000</b> \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)      \$ BODILY INJURY (Per person)      \$ BODILY INJURY (Per accident)      \$ PROPERTY DAMAGE (Per accident)      \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$ <b>1,000,000</b> AGGREGATE      \$ <b>1,000,000</b> \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?    Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT      \$ E.L. DISEASE - EA EMPLOYEE      \$ E.L. DISEASE - POLICY LIMIT      \$
B	A&H			SRG0009133720	01/01/2020	01/01/2021	SEE REMARKS
C	D&O			EPP2452954	01/23/2020	01/23/2021	SEE REMARKS

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**THE CERTIFICATE HOLDER is added as an additional insured with respects to general liability coverage but only with respect to liability arising out of the operations of the named insureds league.**  
**Sexual Abuse / Molestation limits are as follows: \$1,000,000 EACH OCCURRENCE / \$2,000,000 AGGREGATE**  
**THIS POLICY DOES NOT EXCLUDE CONCUSSIONS**

(See Attached Descriptions)

<b>CERTIFICATE HOLDER</b> CLIFTON SPRINGS FIREHOUSE 39 KENDALL STREET Clifton Springs, NY 14432	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
--	--

## DESCRIPTIONS (Continued from Page 1)

### YOUTH PARTICIPANTS ACCIDENT & HEALTH COVERAGE

Accidental Death, Accidental Dismemberment (AD&D) Benefit: \$10,000 Maximum amount  
Accident Medical Expense Benefit: \$250,000  
Deductible: \$250  
per accident  
Dental Maximum: \$250 per  
tooth/per accident  
Incurral Period: within 90 days of the date of the accident causing the Injury  
Benefit Payout Period: payable only for such charges incurred within 52 weeks after the date of the  
accident causing the Injury

### CRIME PROTECTION POLICY NUMBER 197008660 COMPANY: HCC

Crime / Employee Theft \$25,000  
Deductible \$500

### DIRECTORS & OFFICERS

Directors & Officers Limit \$1,000,000  
Retention \$1,000  
Aggregate Limit \$1,000,000

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
12/12/2019

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

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


<b>PRODUCER</b> <b>ESP INSURANCE BROKERAGE LLC</b> 306 Main Street Worcester, MA 01608	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): -      FAX (A/C, No):	
	<b>E-MAIL ADDRESS:</b>	
<b>INSURED</b> <b>FINGER LAKES YOUTH FOOTBALL AND CHEERLEADING LEAGUE INC</b> PO BOX 35 Lyons, NY 14489	<b>INSURER(S) AFFORDING COVERAGE</b>	
	INSURER A : Houston Casualty Company	<b>NAIC #</b> <b>42374</b>
	INSURER B : AIG Insurance	<b>19402</b>
	INSURER C : Great American Ins Co. (IL)	
	INSURER D :	
	INSURER E :	

**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 INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$ <b>1,000,000</b>
							DAMAGE TO RENTED PREMISES (Ea occurrence)      \$ <b>300,000</b>
							MED EXP (Any one person)      \$
							PERSONAL & ADV INJURY      \$ <b>1,000,000</b>
							GENERAL AGGREGATE      \$ <b>5,000,000</b>
							PRODUCTS - COMP/OP AGG      \$ <b>5,000,000</b>
							\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)      \$
							BODILY INJURY (Per person)      \$
							BODILY INJURY (Per accident)      \$
							PROPERTY DAMAGE (Per accident)      \$
							\$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$ <b>1,000,000</b>
							AGGREGATE      \$ <b>1,000,000</b>
							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?    Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT      \$ E.L. DISEASE - EA EMPLOYEE      \$ E.L. DISEASE - POLICY LIMIT      \$
B	A&H			SRG0009133720	01/01/2020	01/01/2021	SEE REMARKS
C	D&O			EPP2452954	01/23/2020	01/23/2021	SEE REMARKS

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**THE CERTIFICATE HOLDER is added as an additional insured with respects to general liability coverage but only with respect to liability arising out of the operations of the named insureds league.**  
**Sexual Abuse / Molestation limits are as follows: \$1,000,000 EACH OCCURRENCE / \$2,000,000 AGGREGATE**  
**THIS POLICY DOES NOT EXCLUDE CONCUSSIONS**  
 (See Attached Descriptions)

<b>CERTIFICATE HOLDER</b>  CITY OF GENEVA 47 CASTLE ST Geneva, NY 14456	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
---	--

## DESCRIPTIONS (Continued from Page 1)

### YOUTH PARTICIPANTS ACCIDENT & HEALTH COVERAGE

Accidental Death, Accidental Dismemberment (AD&D) Benefit: \$10,000 Maximum amount  
Accident Medical Expense Benefit: \$250,000  
Deductible: \$250  
per accident  
Dental Maximum: \$250 per  
tooth/per accident  
Incurral Period: within 90 days of the date of the accident causing the Injury  
Benefit Payout Period: payable only for such charges incurred within 52 weeks after the date of the  
accident causing the Injury

### CRIME PROTECTION POLICY NUMBER 197008660 COMPANY: HCC

Crime / Employee Theft \$25,000  
Deductible \$500

### DIRECTORS & OFFICERS

Directors & Officers Limit \$1,000,000  
Retention \$1,000  
Aggregate Limit \$1,000,000

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
12/12/2019

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

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

<b>PRODUCER</b> <b>ESP INSURANCE BROKERAGE LLC</b> 306 Main Street Worcester, MA 01608	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): -      FAX (A/C, No): E-MAIL ADDRESS:
	INSURER(S) AFFORDING COVERAGE      NAIC # INSURER A : Houston Casualty Company <b>42374</b> INSURER B : AIG Insurance <b>19402</b> INSURER C : Great American Ins Co. (IL) INSURER D : INSURER E : INSURER F :
<b>INSURED</b> <b>FINGER LAKES YOUTH FOOTBALL AND CHEERLEADING LEAGUE INC</b> PO BOX 35 Lyons, NY 14489	


**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 INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>A</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<b>X</b>		<b>197008660</b>	<b>01/01/2020</b>	<b>01/01/2021</b>	EACH OCCURRENCE      \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence)      \$ <b>300,000</b> MED EXP (Any one person)      \$ PERSONAL & ADV INJURY      \$ <b>1,000,000</b> GENERAL AGGREGATE      \$ <b>5,000,000</b> PRODUCTS - COMP/OP AGG      \$ <b>5,000,000</b> \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)      \$ BODILY INJURY (Per person)      \$ BODILY INJURY (Per accident)      \$ PROPERTY DAMAGE (Per accident)      \$ \$
<b>A</b>	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$	<b>X</b>		<b>197008660</b>	<b>01/01/2020</b>	<b>01/01/2021</b>	EACH OCCURRENCE      \$ <b>1,000,000</b> AGGREGATE      \$ <b>1,000,000</b> \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?    Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		<b>N / A</b>				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT      \$ E.L. DISEASE - EA EMPLOYEE      \$ E.L. DISEASE - POLICY LIMIT      \$
<b>B</b>	<b>A&amp;H</b>			<b>SRG0009133720</b>	<b>01/01/2020</b>	<b>01/01/2021</b>	<b>SEE REMARKS</b>
<b>C</b>	<b>D&amp;O</b>			<b>EPP2452954</b>	<b>01/23/2020</b>	<b>01/23/2021</b>	<b>SEE REMARKS</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**THE CERTIFICATE HOLDER is added as an additional insured with respects to general liability coverage but only with respect to liability arising out of the operations of the named insureds league.**  
**Sexual Abuse / Molestation limits are as follows: \$1,000,000 EACH OCCURRENCE / \$2,000,000 AGGREGATE**  
**THIS POLICY DOES NOT EXCLUDE CONCUSSIONS**

(See Attached Descriptions)

<b>CERTIFICATE HOLDER</b> GENEVA LITTLE LEAGUE PO BOX 5 Geneva, NY 14456	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
---	--

## DESCRIPTIONS (Continued from Page 1)

### YOUTH PARTICIPANTS ACCIDENT & HEALTH COVERAGE

Accidental Death, Accidental Dismemberment (AD&D) Benefit: \$10,000 Maximum amount  
Accident Medical Expense Benefit: \$250,000  
Deductible: \$250  
per accident  
Dental Maximum: \$250 per  
tooth/per accident  
Incurral Period: within 90 days of the date of the accident causing the Injury  
Benefit Payout Period: payable only for such charges incurred within 52 weeks after the date of the  
accident causing the Injury

### CRIME PROTECTION POLICY NUMBER 197008660 COMPANY: HCC

Crime / Employee Theft \$25,000  
Deductible \$500

### DIRECTORS & OFFICERS

Directors & Officers Limit \$1,000,000  
Retention \$1,000  
Aggregate Limit \$1,000,000

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
12/12/2019

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

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

<b>PRODUCER</b> <b>ESP INSURANCE BROKERAGE LLC</b> 306 Main Street Worcester, MA 01608	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): -      FAX (A/C, No):	
	<b>E-MAIL ADDRESS:</b>	
<b>INSURED</b> <b>FINGER LAKES YOUTH FOOTBALL AND CHEERLEADING LEAGUE INC</b> PO BOX 35 Lyons, NY 14489	<b>INSURER(S) AFFORDING COVERAGE</b>	
	INSURER A : Houston Casualty Company	<b>NAIC #</b> <b>42374</b>
	INSURER B : AIG Insurance	<b>19402</b>
	INSURER C : Great American Ins Co. (IL)	
	INSURER D :	
	INSURER E :	


**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 INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$ <b>1,000,000</b>
							DAMAGE TO RENTED PREMISES (Ea occurrence)      \$ <b>300,000</b>
							MED EXP (Any one person)      \$
							PERSONAL & ADV INJURY      \$ <b>1,000,000</b>
							GENERAL AGGREGATE      \$ <b>5,000,000</b>
							PRODUCTS - COMP/OP AGG      \$ <b>5,000,000</b>
							\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)      \$ BODILY INJURY (Per person)      \$ BODILY INJURY (Per accident)      \$ PROPERTY DAMAGE (Per accident)      \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$ <b>1,000,000</b>
							AGGREGATE      \$ <b>1,000,000</b>
							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?    Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT      \$ E.L. DISEASE - EA EMPLOYEE      \$ E.L. DISEASE - POLICY LIMIT      \$
B	A&H			SRG0009133720	01/01/2020	01/01/2021	SEE REMARKS
C	D&O			EPP2452954	01/23/2020	01/23/2021	SEE REMARKS

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**THE CERTIFICATE HOLDER is added as an additional insured with respects to general liability coverage but only with respect to liability arising out of the operations of the named insureds league.**  
**Sexual Abuse / Molestation limits are as follows: \$1,000,000 EACH OCCURRENCE / \$2,000,000 AGGREGATE**  
**THIS POLICY DOES NOT EXCLUDE CONCUSSIONS**

(See Attached Descriptions)

<b>CERTIFICATE HOLDER</b>  PALMYRA FIRE STATION 615 EAST MAIN ST Palmyra, NY 14522	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  
--	--

## DESCRIPTIONS (Continued from Page 1)

### YOUTH PARTICIPANTS ACCIDENT & HEALTH COVERAGE

Accidental Death, Accidental Dismemberment (AD&D) Benefit: \$10,000 Maximum amount  
Accident Medical Expense Benefit: \$250,000  
Deductible: \$250  
per accident  
Dental Maximum: \$250 per  
tooth/per accident  
Incurral Period: within 90 days of the date of the accident causing the Injury  
Benefit Payout Period: payable only for such charges incurred within 52 weeks after the date of the  
accident causing the Injury

### CRIME PROTECTION POLICY NUMBER 197008660 COMPANY: HCC

Crime / Employee Theft \$25,000  
Deductible \$500

### DIRECTORS & OFFICERS

Directors & Officers Limit \$1,000,000  
Retention \$1,000  
Aggregate Limit \$1,000,000



**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
12/12/2019

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

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


<b>PRODUCER</b> <b>ESP INSURANCE BROKERAGE LLC</b> 306 Main Street Worcester, MA 01608	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): -      FAX (A/C, No):	
	<b>E-MAIL ADDRESS:</b>	
<b>INSURED</b> <b>FINGER LAKES YOUTH FOOTBALL AND CHEERLEADING LEAGUE INC</b> PO BOX 35 Lyons, NY 14489	<b>INSURER(S) AFFORDING COVERAGE</b>	
	INSURER A : Houston Casualty Company <b>NAIC # 42374</b>	
	INSURER B : AIG Insurance <b>19402</b>	
	INSURER C : Great American Ins Co. (IL)	
	INSURER D :	
	INSURER E :	

**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 INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)      \$300,000
							MED EXP (Any one person)      \$
							PERSONAL & ADV INJURY      \$1,000,000
							GENERAL AGGREGATE      \$5,000,000
							PRODUCTS - COMP/OP AGG      \$5,000,000
							\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)      \$
							BODILY INJURY (Per person)      \$
							BODILY INJURY (Per accident)      \$
							PROPERTY DAMAGE (Per accident)      \$
							\$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$1,000,000
							AGGREGATE      \$1,000,000
							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?    Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT      \$ E.L. DISEASE - EA EMPLOYEE      \$ E.L. DISEASE - POLICY LIMIT      \$
B	A&H			SRG0009133720	01/01/2020	01/01/2021	SEE REMARKS
C	D&O			EPP2452954	01/23/2020	01/23/2021	SEE REMARKS

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**THE CERTIFICATE HOLDER is added as an additional insured with respects to general liability coverage but only with respect to liability arising out of the operations of the named insureds league.**  
**Sexual Abuse / Molestation limits are as follows: \$1,000,000 EACH OCCURRENCE / \$2,000,000 AGGREGATE**  
**THIS POLICY DOES NOT EXCLUDE CONCUSSIONS**  
 (See Attached Descriptions)

<b>CERTIFICATE HOLDER</b>  ALL STAR EXTREME 2375 STATE ROUTE 414 Waterloo, NY 13165-0000	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
--	--

## DESCRIPTIONS (Continued from Page 1)

### YOUTH PARTICIPANTS ACCIDENT & HEALTH COVERAGE

Accidental Death, Accidental Dismemberment (AD&D) Benefit: \$10,000 Maximum amount  
Accident Medical Expense Benefit: \$250,000  
Deductible: \$250  
per accident  
Dental Maximum: \$250 per  
tooth/per accident  
Incurral Period: within 90 days of the date of the accident causing the Injury  
Benefit Payout Period: payable only for such charges incurred within 52 weeks after the date of the  
accident causing the Injury

### CRIME PROTECTION POLICY NUMBER 197008660 COMPANY: HCC

Crime / Employee Theft \$25,000  
Deductible \$500

### DIRECTORS & OFFICERS

Directors & Officers Limit \$1,000,000  
Retention \$1,000  
Aggregate Limit \$1,000,000

**CERTIFICATE OF LIABILITY INSURANCE**

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

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


<b>PRODUCER</b> <b>ESP INSURANCE BROKERAGE LLC</b> 306 Main Street Worcester, MA 01608	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): -      FAX (A/C, No):	
	<b>E-MAIL ADDRESS:</b>	
<b>INSURED</b> <b>FINGER LAKES YOUTH FOOTBALL AND CHEERLEADING LEAGUE INC</b> PO BOX 35 Lyons, NY 14489	<b>INSURER(S) AFFORDING COVERAGE</b>	
	INSURER A : Houston Casualty Company <b>NAIC # 42374</b>	
	INSURER B : AIG Insurance <b>19402</b>	
	INSURER C : Great American Ins Co. (IL)	
	INSURER D :	
	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 INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>300,000</b> MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>5,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>5,000,000</b> \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE \$ <b>1,000,000</b> AGGREGATE \$ <b>1,000,000</b> \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	A&H			SRG0009133720	01/01/2020	01/01/2021	<b>SEE REMARKS</b>
C	D&O			EPP2452954	01/23/2020	01/23/2021	<b>SEE REMARKS</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**THE CERTIFICATE HOLDER is added as an additional insured with respects to general liability coverage but only with respect to liability arising out of the operations of the named insureds league.**  
**Sexual Abuse / Molestation limits are as follows: \$1,000,000 EACH OCCURRENCE / \$2,000,000 AGGREGATE**  
**THIS POLICY DOES NOT EXCLUDE CONCUSSIONS**  
 (See Attached Descriptions)

<b>CERTIFICATE HOLDER</b> APPLEBEE'S 4207 RECREATION DRIVE Canandaigua, NY 14424-0000	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
--	--

## DESCRIPTIONS (Continued from Page 1)

### YOUTH PARTICIPANTS ACCIDENT & HEALTH COVERAGE

Accidental Death, Accidental Dismemberment (AD&D) Benefit: \$10,000 Maximum amount  
Accident Medical Expense Benefit: \$250,000  
Deductible: \$250  
per accident  
Dental Maximum: \$250 per  
tooth/per accident  
Incurral Period: within 90 days of the date of the accident causing the Injury  
Benefit Payout Period: payable only for such charges incurred within 52 weeks after the date of the  
accident causing the Injury

### CRIME PROTECTION POLICY NUMBER 197008660 COMPANY: HCC

Crime / Employee Theft \$25,000  
Deductible \$500

### DIRECTORS & OFFICERS

Directors & Officers Limit \$1,000,000  
Retention \$1,000  
Aggregate Limit \$1,000,000

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
12/12/2019

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

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


<b>PRODUCER</b> <b>ESP INSURANCE BROKERAGE LLC</b> 306 Main Street Worcester, MA 01608	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): -      FAX (A/C, No):	
	<b>E-MAIL ADDRESS:</b>	
<b>INSURED</b> <b>FINGER LAKES YOUTH FOOTBALL AND CHEERLEADING LEAGUE INC</b> PO BOX 35 Lyons, NY 14489	<b>INSURER(S) AFFORDING COVERAGE</b>	
	INSURER A : Houston Casualty Company	<b>NAIC #</b> <b>42374</b>
	INSURER B : AIG Insurance	<b>19402</b>
	INSURER C : Great American Ins Co. (IL)	
	INSURER D :	
	INSURER E :	

**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 INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$ <b>1,000,000</b>
							DAMAGE TO RENTED PREMISES (Ea occurrence)      \$ <b>300,000</b>
							MED EXP (Any one person)      \$
							PERSONAL & ADV INJURY      \$ <b>1,000,000</b>
							GENERAL AGGREGATE      \$ <b>5,000,000</b>
							PRODUCTS - COMP/OP AGG      \$ <b>5,000,000</b>
							\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)      \$
							BODILY INJURY (Per person)      \$
							BODILY INJURY (Per accident)      \$
							PROPERTY DAMAGE (Per accident)      \$
							\$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$ <b>1,000,000</b>
							AGGREGATE      \$ <b>1,000,000</b>
							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?    Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT      \$ E.L. DISEASE - EA EMPLOYEE      \$ E.L. DISEASE - POLICY LIMIT      \$
B	A&H			SRG0009133720	01/01/2020	01/01/2021	SEE REMARKS
C	D&O			EPP2452954	01/23/2020	01/23/2021	SEE REMARKS

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**THE CERTIFICATE HOLDER is added as an additional insured with respects to general liability coverage but only with respect to liability arising out of the operations of the named insureds league.**  
**Sexual Abuse / Molestation limits are as follows: \$1,000,000 EACH OCCURRENCE / \$2,000,000 AGGREGATE**  
**THIS POLICY DOES NOT EXCLUDE CONCUSSIONS**  
 (See Attached Descriptions)

<b>CERTIFICATE HOLDER</b>  <b>CANANDAIGUA ACADEMY</b> 435 EAST AVENUE Canandaigua, NY 14424-0000	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
--	--

## DESCRIPTIONS (Continued from Page 1)

### YOUTH PARTICIPANTS ACCIDENT & HEALTH COVERAGE

Accidental Death, Accidental Dismemberment (AD&D) Benefit: \$10,000 Maximum amount  
Accident Medical Expense Benefit: \$250,000  
Deductible: \$250  
per accident  
Dental Maximum: \$250 per  
tooth/per accident  
Incurral Period: within 90 days of the date of the accident causing the Injury  
Benefit Payout Period: payable only for such charges incurred within 52 weeks after the date of the  
accident causing the Injury

### CRIME PROTECTION POLICY NUMBER 197008660 COMPANY: HCC

Crime / Employee Theft \$25,000  
Deductible \$500

### DIRECTORS & OFFICERS

Directors & Officers Limit \$1,000,000  
Retention \$1,000  
Aggregate Limit \$1,000,000

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
12/12/2019

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

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


<b>PRODUCER</b> <b>ESP INSURANCE BROKERAGE LLC</b> 306 Main Street Worcester, MA 01608	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): -      FAX (A/C, No):	
	<b>E-MAIL ADDRESS:</b>	
<b>INSURED</b> <b>FINGER LAKES YOUTH FOOTBALL AND CHEERLEADING LEAGUE INC</b> PO BOX 35 Lyons, NY 14489	<b>INSURER(S) AFFORDING COVERAGE</b>	
	INSURER A : Houston Casualty Company <b>NAIC # 42374</b>	
	INSURER B : AIG Insurance <b>19402</b>	
	INSURER C : Great American Ins Co. (IL)	
	INSURER D :	
	INSURER E :	

**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 INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$ <b>1,000,000</b>
							DAMAGE TO RENTED PREMISES (Ea occurrence)      \$ <b>300,000</b>
							MED EXP (Any one person)      \$
							PERSONAL & ADV INJURY      \$ <b>1,000,000</b>
							GENERAL AGGREGATE      \$ <b>5,000,000</b>
							PRODUCTS - COMP/OP AGG      \$ <b>5,000,000</b>
							\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)      \$
							BODILY INJURY (Per person)      \$
							BODILY INJURY (Per accident)      \$
							PROPERTY DAMAGE (Per accident)      \$
							\$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$ <b>1,000,000</b>
							AGGREGATE      \$ <b>1,000,000</b>
							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?    Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT      \$ E.L. DISEASE - EA EMPLOYEE      \$ E.L. DISEASE - POLICY LIMIT      \$
B	A&H			SRG0009133720	01/01/2020	01/01/2021	SEE REMARKS
C	D&O			EPP2452954	01/23/2020	01/23/2021	SEE REMARKS

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**THE CERTIFICATE HOLDER is added as an additional insured with respects to general liability coverage but only with respect to liability arising out of the operations of the named insureds league.**  
**Sexual Abuse / Molestation limits are as follows: \$1,000,000 EACH OCCURRENCE / \$2,000,000 AGGREGATE**  
**THIS POLICY DOES NOT EXCLUDE CONCUSSIONS**  
 (See Attached Descriptions)

<b>CERTIFICATE HOLDER</b>  CASEY PARK 6551 KNICKERBOCKER RD Ontario, NY 14519-0000	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
--	--

## DESCRIPTIONS (Continued from Page 1)

### YOUTH PARTICIPANTS ACCIDENT & HEALTH COVERAGE

Accidental Death, Accidental Dismemberment (AD&D) Benefit: \$10,000 Maximum amount  
Accident Medical Expense Benefit: \$250,000  
Deductible: \$250  
per accident  
Dental Maximum: \$250 per  
tooth/per accident  
Incurral Period: within 90 days of the date of the accident causing the Injury  
Benefit Payout Period: payable only for such charges incurred within 52 weeks after the date of the  
accident causing the Injury

### CRIME PROTECTION POLICY NUMBER 197008660 COMPANY: HCC

Crime / Employee Theft \$25,000  
Deductible \$500

### DIRECTORS & OFFICERS

Directors & Officers Limit \$1,000,000  
Retention \$1,000  
Aggregate Limit \$1,000,000



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

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

<b>PRODUCER</b> <b>ESP INSURANCE BROKERAGE LLC</b> 306 Main Street Worcester, MA 01608	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): -      FAX (A/C, No):	
	<b>E-MAIL ADDRESS:</b>	
<b>INSURED</b> <b>FINGER LAKES YOUTH FOOTBALL AND CHEERLEADING LEAGUE INC</b> PO BOX 35 Lyons, NY 14489	<b>INSURER(S) AFFORDING COVERAGE</b>	
	INSURER A : Houston Casualty Company <b>NAIC # 42374</b>	
	INSURER B : AIG Insurance <b>19402</b>	
	INSURER C : Great American Ins Co. (IL)	
	INSURER D :	
	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 INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence)      \$300,000 MED EXP (Any one person)      \$ PERSONAL & ADV INJURY      \$1,000,000 GENERAL AGGREGATE      \$5,000,000 PRODUCTS - COMP/OP AGG      \$5,000,000 \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)      \$ BODILY INJURY (Per person)      \$ BODILY INJURY (Per accident)      \$ PROPERTY DAMAGE (Per accident)      \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$1,000,000 AGGREGATE      \$1,000,000 \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?    Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT      \$ E.L. DISEASE - EA EMPLOYEE      \$ E.L. DISEASE - POLICY LIMIT      \$
B	A&H			SRG0009133720	01/01/2020	01/01/2021	SEE REMARKS
C	D&O			EPP2452954	01/23/2020	01/23/2021	SEE REMARKS

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**THE CERTIFICATE HOLDER is added as an additional insured with respects to general liability coverage but only with respect to liability arising out of the operations of the named insureds league.**  
**Sexual Abuse / Molestation limits are as follows: \$1,000,000 EACH OCCURRENCE / \$2,000,000 AGGREGATE**  
**THIS POLICY DOES NOT EXCLUDE CONCUSSIONS**

(See Attached Descriptions)

<b>CERTIFICATE HOLDER</b>  CLYDE ELEMENTARY EAST DEZENG STREET Clyde, NY 14433-0000	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
---	--

## DESCRIPTIONS (Continued from Page 1)

### YOUTH PARTICIPANTS ACCIDENT & HEALTH COVERAGE

Accidental Death, Accidental Dismemberment (AD&D) Benefit: \$10,000 Maximum amount  
Accident Medical Expense Benefit: \$250,000  
Deductible: \$250  
per accident  
Dental Maximum: \$250 per  
tooth/per accident  
Incurral Period: within 90 days of the date of the accident causing the Injury  
Benefit Payout Period: payable only for such charges incurred within 52 weeks after the date of the  
accident causing the Injury

### CRIME PROTECTION POLICY NUMBER 197008660 COMPANY: HCC

Crime / Employee Theft \$25,000  
Deductible \$500

### DIRECTORS & OFFICERS

Directors & Officers Limit \$1,000,000  
Retention \$1,000  
Aggregate Limit \$1,000,000

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
12/12/2019

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

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

<b>PRODUCER</b> <b>ESP INSURANCE BROKERAGE LLC</b> 306 Main Street Worcester, MA 01608	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): -      FAX (A/C, No): E-MAIL ADDRESS:
	INSURER(S) AFFORDING COVERAGE      NAIC # INSURER A : Houston Casualty Company <b>42374</b> INSURER B : AIG Insurance <b>19402</b> INSURER C : Great American Ins Co. (IL) INSURER D : INSURER E : INSURER F :
<b>INSURED</b> <b>FINGER LAKES YOUTH FOOTBALL AND CHEERLEADING LEAGUE INC</b> PO BOX 35 Lyons, NY 14489	


**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 INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>A</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<b>X</b>		<b>197008660</b>	<b>01/01/2020</b>	<b>01/01/2021</b>	EACH OCCURRENCE      \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence)      \$ <b>300,000</b> MED EXP (Any one person)      \$ PERSONAL & ADV INJURY      \$ <b>1,000,000</b> GENERAL AGGREGATE      \$ <b>5,000,000</b> PRODUCTS - COMP/OP AGG      \$ <b>5,000,000</b> \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)      \$ BODILY INJURY (Per person)      \$ BODILY INJURY (Per accident)      \$ PROPERTY DAMAGE (Per accident)      \$ \$
<b>A</b>	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$	<b>X</b>		<b>197008660</b>	<b>01/01/2020</b>	<b>01/01/2021</b>	EACH OCCURRENCE      \$ <b>1,000,000</b> AGGREGATE      \$ <b>1,000,000</b> \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?    Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		<b>N/A</b>				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT      \$ E.L. DISEASE - EA EMPLOYEE      \$ E.L. DISEASE - POLICY LIMIT      \$
<b>B</b>	<b>A&amp;H</b>			<b>SRG0009133720</b>	<b>01/01/2020</b>	<b>01/01/2021</b>	<b>SEE REMARKS</b>
<b>C</b>	<b>D&amp;O</b>			<b>EPP2452954</b>	<b>01/23/2020</b>	<b>01/23/2021</b>	<b>SEE REMARKS</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**THE CERTIFICATE HOLDER is added as an additional insured with respects to general liability coverage but only with respect to liability arising out of the operations of the named insureds league.**  
**Sexual Abuse / Molestation limits are as follows: \$1,000,000 EACH OCCURRENCE / \$2,000,000 AGGREGATE**  
**THIS POLICY DOES NOT EXCLUDE CONCUSSIONS**

(See Attached Descriptions)

<b>CERTIFICATE HOLDER</b> CLYDE-SAVANNAH HIGH SCHOOL 215 GLASGOW STREET Clyde, NY 14433-0000	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
---	--

## DESCRIPTIONS (Continued from Page 1)

### YOUTH PARTICIPANTS ACCIDENT & HEALTH COVERAGE

Accidental Death, Accidental Dismemberment (AD&D) Benefit: \$10,000 Maximum amount  
Accident Medical Expense Benefit: \$250,000  
Deductible: \$250  
per accident  
Dental Maximum: \$250 per  
tooth/per accident  
Incurral Period: within 90 days of the date of the accident causing the Injury  
Benefit Payout Period: payable only for such charges incurred within 52 weeks after the date of the  
accident causing the Injury

### CRIME PROTECTION POLICY NUMBER 197008660 COMPANY: HCC

Crime / Employee Theft \$25,000  
Deductible \$500

### DIRECTORS & OFFICERS

Directors & Officers Limit \$1,000,000  
Retention \$1,000  
Aggregate Limit \$1,000,000

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
12/12/2019

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

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


<b>PRODUCER</b> <b>ESP INSURANCE BROKERAGE LLC</b> 306 Main Street Worcester, MA 01608	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): -      FAX (A/C, No):	
	<b>E-MAIL ADDRESS:</b>	
<b>INSURED</b> <b>FINGER LAKES YOUTH FOOTBALL AND CHEERLEADING LEAGUE INC</b> PO BOX 35 Lyons, NY 14489	<b>INSURER(S) AFFORDING COVERAGE</b>	
	INSURER A : Houston Casualty Company	<b>NAIC #</b> <b>42374</b>
	INSURER B : AIG Insurance	<b>19402</b>
	INSURER C : Great American Ins Co. (IL)	
	INSURER D :	
	INSURER E :	

**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 INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>300,000</b> MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>5,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>5,000,000</b> \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE \$ <b>1,000,000</b> AGGREGATE \$ <b>1,000,000</b> \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	A&H			SRG0009133720	01/01/2020	01/01/2021	SEE REMARKS
C	D&O			EPP2452954	01/23/2020	01/23/2021	SEE REMARKS

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**THE CERTIFICATE HOLDER is added as an additional insured with respects to general liability coverage but only with respect to liability arising out of the operations of the named insureds league.**  
**Sexual Abuse / Molestation limits are as follows: \$1,000,000 EACH OCCURRENCE / \$2,000,000 AGGREGATE**  
**THIS POLICY DOES NOT EXCLUDE CONCUSSIONS**  
 (See Attached Descriptions)

<b>CERTIFICATE HOLDER</b> CORE ATHLETIX 1344 UNIVERISTY AVE ., SUITE 5000 Rochester, NY 14607-0000	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
--	--

## DESCRIPTIONS (Continued from Page 1)

### YOUTH PARTICIPANTS ACCIDENT & HEALTH COVERAGE

Accidental Death, Accidental Dismemberment (AD&D) Benefit: \$10,000 Maximum amount  
Accident Medical Expense Benefit: \$250,000  
Deductible: \$250  
per accident  
Dental Maximum: \$250 per  
tooth/per accident  
Incurral Period: within 90 days of the date of the accident causing the Injury  
Benefit Payout Period: payable only for such charges incurred within 52 weeks after the date of the  
accident causing the Injury

### CRIME PROTECTION POLICY NUMBER 197008660 COMPANY: HCC

Crime / Employee Theft \$25,000  
Deductible \$500

### DIRECTORS & OFFICERS

Directors & Officers Limit \$1,000,000  
Retention \$1,000  
Aggregate Limit \$1,000,000

**CERTIFICATE OF LIABILITY INSURANCE**

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

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


<b>PRODUCER</b> <b>ESP INSURANCE BROKERAGE LLC</b> 306 Main Street Worcester, MA 01608	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): -      FAX (A/C, No):	
	<b>E-MAIL ADDRESS:</b>	
<b>INSURED</b> <b>FINGER LAKES YOUTH FOOTBALL AND CHEERLEADING LEAGUE INC</b> PO BOX 35 Lyons, NY 14489	<b>INSURER(S) AFFORDING COVERAGE</b>	
	INSURER A : Houston Casualty Company <b>NAIC # 42374</b>	
	INSURER B : AIG Insurance <b>19402</b>	
	INSURER C : Great American Ins Co. (IL)	
	INSURER D :	
	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 INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence)      \$300,000 MED EXP (Any one person)      \$ PERSONAL & ADV INJURY      \$1,000,000 GENERAL AGGREGATE      \$5,000,000 PRODUCTS - COMP/OP AGG      \$5,000,000 \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)      \$ BODILY INJURY (Per person)      \$ BODILY INJURY (Per accident)      \$ PROPERTY DAMAGE (Per accident)      \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$1,000,000 AGGREGATE      \$1,000,000 \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?    Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT      \$ E.L. DISEASE - EA EMPLOYEE      \$ E.L. DISEASE - POLICY LIMIT      \$
B	A&H			SRG0009133720	01/01/2020	01/01/2021	SEE REMARKS
C	D&O			EPP2452954	01/23/2020	01/23/2021	SEE REMARKS

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**THE CERTIFICATE HOLDER is added as an additional insured with respects to general liability coverage but only with respect to liability arising out of the operations of the named insureds league.**  
**Sexual Abuse / Molestation limits are as follows: \$1,000,000 EACH OCCURRENCE / \$2,000,000 AGGREGATE**  
**THIS POLICY DOES NOT EXCLUDE CONCUSSIONS**  
 (See Attached Descriptions)

<b>CERTIFICATE HOLDER</b> CORE ATHLETIX 5310 NORTH STREET BDLG 6A Canandaigua, NY 14424-0000	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
---	--

## DESCRIPTIONS (Continued from Page 1)

### YOUTH PARTICIPANTS ACCIDENT & HEALTH COVERAGE

Accidental Death, Accidental Dismemberment (AD&D) Benefit: \$10,000 Maximum amount  
Accident Medical Expense Benefit: \$250,000  
Deductible: \$250  
per accident  
Dental Maximum: \$250 per  
tooth/per accident  
Incurral Period: within 90 days of the date of the accident causing the Injury  
Benefit Payout Period: payable only for such charges incurred within 52 weeks after the date of the  
accident causing the Injury

### CRIME PROTECTION POLICY NUMBER 197008660 COMPANY: HCC

Crime / Employee Theft \$25,000  
Deductible \$500

### DIRECTORS & OFFICERS

Directors & Officers Limit \$1,000,000  
Retention \$1,000  
Aggregate Limit \$1,000,000



**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
12/12/2019

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

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

<b>PRODUCER</b> <b>ESP INSURANCE BROKERAGE LLC</b> 306 Main Street Worcester, MA 01608	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): -      FAX (A/C, No):	
	<b>E-MAIL ADDRESS:</b>	
<b>INSURED</b> <b>FINGER LAKES YOUTH FOOTBALL AND CHEERLEADING LEAGUE INC</b> PO BOX 35 Lyons, NY 14489	<b>INSURER(S) AFFORDING COVERAGE</b>	
	INSURER A : Houston Casualty Company <b>NAIC # 42374</b>	
	INSURER B : AIG Insurance <b>19402</b>	
	INSURER C : Great American Ins Co. (IL)	
	INSURER D :	
	INSURER E :	


**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 INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence)      \$ <b>300,000</b> MED EXP (Any one person)      \$ PERSONAL & ADV INJURY      \$ <b>1,000,000</b> GENERAL AGGREGATE      \$ <b>5,000,000</b> PRODUCTS - COMP/OP AGG      \$ <b>5,000,000</b> \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)      \$ BODILY INJURY (Per person)      \$ BODILY INJURY (Per accident)      \$ PROPERTY DAMAGE (Per accident)      \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$ <b>1,000,000</b> AGGREGATE      \$ <b>1,000,000</b> \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?    Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT      \$ E.L. DISEASE - EA EMPLOYEE      \$ E.L. DISEASE - POLICY LIMIT      \$
B	A&H			SRG0009133720	01/01/2020	01/01/2021	SEE REMARKS
C	D&O			EPP2452954	01/23/2020	01/23/2021	SEE REMARKS

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**THE CERTIFICATE HOLDER is added as an additional insured with respects to general liability coverage but only with respect to liability arising out of the operations of the named insureds league.**  
**Sexual Abuse / Molestation limits are as follows: \$1,000,000 EACH OCCURRENCE / \$2,000,000 AGGREGATE**  
**THIS POLICY DOES NOT EXCLUDE CONCUSSIONS**

(See Attached Descriptions)

<b>CERTIFICATE HOLDER</b> DOLOMITE PARK LEWIS ROAD Walworth, NY 14568-0000	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
---	--

## DESCRIPTIONS (Continued from Page 1)

### YOUTH PARTICIPANTS ACCIDENT & HEALTH COVERAGE

Accidental Death, Accidental Dismemberment (AD&D) Benefit: \$10,000 Maximum amount  
Accident Medical Expense Benefit: \$250,000  
Deductible: \$250  
per accident  
Dental Maximum: \$250 per  
tooth/per accident  
Incurral Period: within 90 days of the date of the accident causing the Injury  
Benefit Payout Period: payable only for such charges incurred within 52 weeks after the date of the  
accident causing the Injury

### CRIME PROTECTION POLICY NUMBER 197008660 COMPANY: HCC

Crime / Employee Theft \$25,000  
Deductible \$500

### DIRECTORS & OFFICERS

Directors & Officers Limit \$1,000,000  
Retention \$1,000  
Aggregate Limit \$1,000,000

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
12/12/2019

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

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


<b>PRODUCER</b> <b>ESP INSURANCE BROKERAGE LLC</b> 306 Main Street Worcester, MA 01608	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): -      FAX (A/C, No):	
	<b>E-MAIL ADDRESS:</b>	
<b>INSURED</b> <b>FINGER LAKES YOUTH FOOTBALL AND CHEERLEADING LEAGUE INC</b> PO BOX 35 Lyons, NY 14489	<b>INSURER(S) AFFORDING COVERAGE</b>	
	INSURER A : Houston Casualty Company	<b>NAIC #</b> <b>42374</b>
	INSURER B : AIG Insurance	<b>19402</b>
	INSURER C : Great American Ins Co. (IL)	
	INSURER D :	
	INSURER E :	

**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 INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$ <b>1,000,000</b>
							DAMAGE TO RENTED PREMISES (Ea occurrence)      \$ <b>300,000</b>
							MED EXP (Any one person)      \$
							PERSONAL & ADV INJURY      \$ <b>1,000,000</b>
							GENERAL AGGREGATE      \$ <b>5,000,000</b>
							PRODUCTS - COMP/OP AGG      \$ <b>5,000,000</b>
							\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)      \$
							BODILY INJURY (Per person)      \$
							BODILY INJURY (Per accident)      \$
							PROPERTY DAMAGE (Per accident)      \$
							\$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$ <b>1,000,000</b>
							AGGREGATE      \$ <b>1,000,000</b>
							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?    Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT      \$ E.L. DISEASE - EA EMPLOYEE      \$ E.L. DISEASE - POLICY LIMIT      \$
B	A&H			SRG0009133720	01/01/2020	01/01/2021	SEE REMARKS
C	D&O			EPP2452954	01/23/2020	01/23/2021	SEE REMARKS

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**THE CERTIFICATE HOLDER is added as an additional insured with respects to general liability coverage but only with respect to liability arising out of the operations of the named insureds league.**  
**Sexual Abuse / Molestation limits are as follows: \$1,000,000 EACH OCCURRENCE / \$2,000,000 AGGREGATE**  
**THIS POLICY DOES NOT EXCLUDE CONCUSSIONS**  
 (See Attached Descriptions)

<b>CERTIFICATE HOLDER</b>  DUNDEE CENTRAL SCHOOL 55 WATER STREET Dundee, NY 14837-0000	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
--	--

## DESCRIPTIONS (Continued from Page 1)

### YOUTH PARTICIPANTS ACCIDENT & HEALTH COVERAGE

Accidental Death, Accidental Dismemberment (AD&D) Benefit: \$10,000 Maximum amount  
Accident Medical Expense Benefit: \$250,000  
Deductible: \$250  
per accident  
Dental Maximum: \$250 per  
tooth/per accident  
Incurral Period: within 90 days of the date of the accident causing the Injury  
Benefit Payout Period: payable only for such charges incurred within 52 weeks after the date of the  
accident causing the Injury

### CRIME PROTECTION POLICY NUMBER 197008660 COMPANY: HCC

Crime / Employee Theft \$25,000  
Deductible \$500

### DIRECTORS & OFFICERS

Directors & Officers Limit \$1,000,000  
Retention \$1,000  
Aggregate Limit \$1,000,000



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/12/2019

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

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


<b>PRODUCER</b> <b>ESP INSURANCE BROKERAGE LLC</b> 306 Main Street Worcester, MA 01608	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): -      FAX (A/C, No):	
	<b>E-MAIL ADDRESS:</b>	
<b>INSURED</b> <b>FINGER LAKES YOUTH FOOTBALL AND CHEERLEADING LEAGUE INC</b> PO BOX 35 Lyons, NY 14489	<b>INSURER(S) AFFORDING COVERAGE</b>	
	INSURER A : Houston Casualty Company <b>NAIC # 42374</b>	
	INSURER B : AIG Insurance <b>19402</b>	
	INSURER C : Great American Ins Co. (IL)	
	INSURER D :	
	INSURER E :	

**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 INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$ <b>1,000,000</b>
							DAMAGE TO RENTED PREMISES (Ea occurrence)      \$ <b>300,000</b>
							MED EXP (Any one person)      \$
							PERSONAL & ADV INJURY      \$ <b>1,000,000</b>
							GENERAL AGGREGATE      \$ <b>5,000,000</b>
							PRODUCTS - COMP/OP AGG      \$ <b>5,000,000</b>
							\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)      \$
							BODILY INJURY (Per person)      \$
							BODILY INJURY (Per accident)      \$
							PROPERTY DAMAGE (Per accident)      \$
							\$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$ <b>1,000,000</b>
							AGGREGATE      \$ <b>1,000,000</b>
							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?    Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT      \$ E.L. DISEASE - EA EMPLOYEE      \$ E.L. DISEASE - POLICY LIMIT      \$
B	A&H			SRG0009133720	01/01/2020	01/01/2021	<b>SEE REMARKS</b>
C	D&O			EPP2452954	01/23/2020	01/23/2021	<b>SEE REMARKS</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**THE CERTIFICATE HOLDER is added as an additional insured with respects to general liability coverage but only with respect to liability arising out of the operations of the named insureds league.**  
**Sexual Abuse / Molestation limits are as follows: \$1,000,000 EACH OCCURRENCE / \$2,000,000 AGGREGATE**  
**THIS POLICY DOES NOT EXCLUDE CONCUSSIONS**  
 (See Attached Descriptions)

<b>CERTIFICATE HOLDER</b>  EAST ROCHESTER HIGH SCHOOL 200 WOODBINE DRIVE East Rochester, NY 14445-0000	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
--	--

## DESCRIPTIONS (Continued from Page 1)

### YOUTH PARTICIPANTS ACCIDENT & HEALTH COVERAGE

Accidental Death, Accidental Dismemberment (AD&D) Benefit: \$10,000 Maximum amount  
Accident Medical Expense Benefit: \$250,000  
Deductible: \$250  
per accident  
Dental Maximum: \$250 per  
tooth/per accident  
Incurral Period: within 90 days of the date of the accident causing the Injury  
Benefit Payout Period: payable only for such charges incurred within 52 weeks after the date of the  
accident causing the Injury

### CRIME PROTECTION POLICY NUMBER 197008660 COMPANY: HCC

Crime / Employee Theft \$25,000  
Deductible \$500

### DIRECTORS & OFFICERS

Directors & Officers Limit \$1,000,000  
Retention \$1,000  
Aggregate Limit \$1,000,000

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
12/12/2019

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

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

<b>PRODUCER</b> <b>ESP INSURANCE BROKERAGE LLC</b> 306 Main Street Worcester, MA 01608	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): -      FAX (A/C, No):	
	<b>E-MAIL ADDRESS:</b>	
<b>INSURED</b> <b>FINGER LAKES YOUTH FOOTBALL AND CHEERLEADING LEAGUE INC</b> PO BOX 35 Lyons, NY 14489	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A :</b> Houston Casualty Company	<b>NAIC #</b> 42374
	<b>INSURER B :</b> AIG Insurance	19402
	<b>INSURER C :</b> Great American Ins Co. (IL)	
	<b>INSURER D :</b>	
	<b>INSURER E :</b>	
	<b>INSURER F :</b>	


**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 INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>300,000</b> MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>5,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>5,000,000</b> \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE \$ <b>1,000,000</b> AGGREGATE \$ <b>1,000,000</b> \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / <input checked="" type="checkbox"/> N / A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	A&H			SRG0009133720	01/01/2020	01/01/2021	SEE REMARKS
C	D&O			EPP2452954	01/23/2020	01/23/2021	SEE REMARKS

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**THE CERTIFICATE HOLDER is added as an additional insured with respects to general liability coverage but only with respect to liability arising out of the operations of the named insureds league.**  
**Sexual Abuse / Molestation limits are as follows: \$1,000,000 EACH OCCURRENCE / \$2,000,000 AGGREGATE**  
**THIS POLICY DOES NOT EXCLUDE CONCUSSIONS**

(See Attached Descriptions)

<b>CERTIFICATE HOLDER</b> EAST ROCHESTER UNION FREE SCHOOL DISTRICT 200 WOODBINE AVENUE East Rochester, NY 14445-0000	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
--	--

## DESCRIPTIONS (Continued from Page 1)

### YOUTH PARTICIPANTS ACCIDENT & HEALTH COVERAGE

Accidental Death, Accidental Dismemberment (AD&D) Benefit: \$10,000 Maximum amount  
Accident Medical Expense Benefit: \$250,000  
Deductible: \$250  
per accident  
Dental Maximum: \$250 per  
tooth/per accident  
Incurral Period: within 90 days of the date of the accident causing the Injury  
Benefit Payout Period: payable only for such charges incurred within 52 weeks after the date of the  
accident causing the Injury

### CRIME PROTECTION POLICY NUMBER 197008660 COMPANY: HCC

Crime / Employee Theft \$25,000  
Deductible \$500

### DIRECTORS & OFFICERS

Directors & Officers Limit \$1,000,000  
Retention \$1,000  
Aggregate Limit \$1,000,000



**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
12/12/2019

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

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


<b>PRODUCER</b> <b>ESP INSURANCE BROKERAGE LLC</b> 306 Main Street Worcester, MA 01608	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): -      FAX (A/C, No):	
	<b>E-MAIL ADDRESS:</b>	
<b>INSURED</b> <b>FINGER LAKES YOUTH FOOTBALL AND CHEERLEADING LEAGUE INC</b> PO BOX 35 Lyons, NY 14489	<b>INSURER(S) AFFORDING COVERAGE</b>	
	INSURER A : Houston Casualty Company	<b>NAIC #</b> <b>42374</b>
	INSURER B : AIG Insurance	<b>19402</b>
	INSURER C : Great American Ins Co. (IL)	
	INSURER D :	
	INSURER E :	

**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 INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$ <b>1,000,000</b>
							DAMAGE TO RENTED PREMISES (Ea occurrence)      \$ <b>300,000</b>
							MED EXP (Any one person)      \$
							PERSONAL & ADV INJURY      \$ <b>1,000,000</b>
							GENERAL AGGREGATE      \$ <b>5,000,000</b>
							PRODUCTS - COMP/OP AGG      \$ <b>5,000,000</b>
							\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)      \$
							BODILY INJURY (Per person)      \$
							BODILY INJURY (Per accident)      \$
							PROPERTY DAMAGE (Per accident)      \$
							\$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$ <b>1,000,000</b>
							AGGREGATE      \$ <b>1,000,000</b>
							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?    Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT      \$ E.L. DISEASE - EA EMPLOYEE      \$ E.L. DISEASE - POLICY LIMIT      \$
B	A&H			SRG0009133720	01/01/2020	01/01/2021	SEE REMARKS
C	D&O			EPP2452954	01/23/2020	01/23/2021	SEE REMARKS

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**THE CERTIFICATE HOLDER is added as an additional insured with respects to general liability coverage but only with respect to liability arising out of the operations of the named insureds league.**  
**Sexual Abuse / Molestation limits are as follows: \$1,000,000 EACH OCCURRENCE / \$2,000,000 AGGREGATE**  
**THIS POLICY DOES NOT EXCLUDE CONCUSSIONS**  
 (See Attached Descriptions)

<b>CERTIFICATE HOLDER</b>  EDMUND LYON PARK MAIN STREET East Rochester, NY 14445-0000	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  
---	--

## DESCRIPTIONS (Continued from Page 1)

### YOUTH PARTICIPANTS ACCIDENT & HEALTH COVERAGE

Accidental Death, Accidental Dismemberment (AD&D) Benefit: \$10,000 Maximum amount  
Accident Medical Expense Benefit: \$250,000  
Deductible: \$250  
per accident  
Dental Maximum: \$250 per  
tooth/per accident  
Incurral Period: within 90 days of the date of the accident causing the Injury  
Benefit Payout Period: payable only for such charges incurred within 52 weeks after the date of the  
accident causing the Injury

### CRIME PROTECTION POLICY NUMBER 197008660 COMPANY: HCC

Crime / Employee Theft \$25,000  
Deductible \$500

### DIRECTORS & OFFICERS

Directors & Officers Limit \$1,000,000  
Retention \$1,000  
Aggregate Limit \$1,000,000

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
12/12/2019

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

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

<b>PRODUCER</b> <b>ESP INSURANCE BROKERAGE LLC</b> 306 Main Street Worcester, MA 01608	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): -      FAX (A/C, No):	
	<b>E-MAIL ADDRESS:</b>	
<b>INSURED</b> <b>FINGER LAKES YOUTH FOOTBALL AND CHEERLEADING LEAGUE INC</b> PO BOX 35 Lyons, NY 14489	<b>INSURER(S) AFFORDING COVERAGE</b>	
	INSURER A : Houston Casualty Company <b>NAIC # 42374</b>	
	INSURER B : AIG Insurance <b>19402</b>	
	INSURER C : Great American Ins Co. (IL)	
	INSURER D :	
	INSURER E :	


**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 INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence)      \$300,000 MED EXP (Any one person)      \$ PERSONAL & ADV INJURY      \$1,000,000 GENERAL AGGREGATE      \$5,000,000 PRODUCTS - COMP/OP AGG      \$5,000,000 \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)      \$ BODILY INJURY (Per person)      \$ BODILY INJURY (Per accident)      \$ PROPERTY DAMAGE (Per accident)      \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$1,000,000 AGGREGATE      \$1,000,000 \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?    Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT      \$ E.L. DISEASE - EA EMPLOYEE      \$ E.L. DISEASE - POLICY LIMIT      \$
B	A&H			SRG0009133720	01/01/2020	01/01/2021	SEE REMARKS
C	D&O			EPP2452954	01/23/2020	01/23/2021	SEE REMARKS

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**THE CERTIFICATE HOLDER is added as an additional insured with respects to general liability coverage but only with respect to liability arising out of the operations of the named insureds league.**  
**Sexual Abuse / Molestation limits are as follows: \$1,000,000 EACH OCCURRENCE / \$2,000,000 AGGREGATE**  
**THIS POLICY DOES NOT EXCLUDE CONCUSSIONS**

(See Attached Descriptions)

<b>CERTIFICATE HOLDER</b> EDMUND LYON PARK East Rochester, NY 14445-0000	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
--	--

## DESCRIPTIONS (Continued from Page 1)

### YOUTH PARTICIPANTS ACCIDENT & HEALTH COVERAGE

Accidental Death, Accidental Dismemberment (AD&D) Benefit: \$10,000 Maximum amount  
Accident Medical Expense Benefit: \$250,000  
Deductible: \$250  
per accident  
Dental Maximum: \$250 per  
tooth/per accident  
Incurral Period: within 90 days of the date of the accident causing the Injury  
Benefit Payout Period: payable only for such charges incurred within 52 weeks after the date of the  
accident causing the Injury

### CRIME PROTECTION POLICY NUMBER 197008660 COMPANY: HCC

Crime / Employee Theft \$25,000  
Deductible \$500

### DIRECTORS & OFFICERS

Directors & Officers Limit \$1,000,000  
Retention \$1,000  
Aggregate Limit \$1,000,000

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
12/12/2019

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

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

<b>PRODUCER</b> <b>ESP INSURANCE BROKERAGE LLC</b> 306 Main Street Worcester, MA 01608	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): -      FAX (A/C, No):	
	<b>E-MAIL ADDRESS:</b>	
<b>INSURED</b> <b>FINGER LAKES YOUTH FOOTBALL AND CHEERLEADING LEAGUE INC</b> PO BOX 35 Lyons, NY 14489	<b>INSURER(S) AFFORDING COVERAGE</b>	
	INSURER A : Houston Casualty Company	<b>NAIC #</b> <b>42374</b>
	INSURER B : AIG Insurance	<b>19402</b>
	INSURER C : Great American Ins Co. (IL)	
	INSURER D :	
	INSURER E :	


**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 INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$ <b>1,000,000</b>
							DAMAGE TO RENTED PREMISES (Ea occurrence)      \$ <b>300,000</b>
							MED EXP (Any one person)      \$
							PERSONAL & ADV INJURY      \$ <b>1,000,000</b>
							GENERAL AGGREGATE      \$ <b>5,000,000</b>
							PRODUCTS - COMP/OP AGG      \$ <b>5,000,000</b>
							\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)      \$ BODILY INJURY (Per person)      \$ BODILY INJURY (Per accident)      \$ PROPERTY DAMAGE (Per accident)      \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$ <b>1,000,000</b>
							AGGREGATE      \$ <b>1,000,000</b>
							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?    Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT      \$ E.L. DISEASE - EA EMPLOYEE      \$ E.L. DISEASE - POLICY LIMIT      \$
B	A&H			SRG0009133720	01/01/2020	01/01/2021	SEE REMARKS
C	D&O			EPP2452954	01/23/2020	01/23/2021	SEE REMARKS

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**THE CERTIFICATE HOLDER is added as an additional insured with respects to general liability coverage but only with respect to liability arising out of the operations of the named insureds league.**  
**Sexual Abuse / Molestation limits are as follows: \$1,000,000 EACH OCCURRENCE / \$2,000,000 AGGREGATE**  
**THIS POLICY DOES NOT EXCLUDE CONCUSSIONS**

(See Attached Descriptions)

<b>CERTIFICATE HOLDER</b>  ELKS CLUB 133 MAIN STREET Penn Yan, NY 14527-0000	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  
--	--

## DESCRIPTIONS (Continued from Page 1)

### YOUTH PARTICIPANTS ACCIDENT & HEALTH COVERAGE

Accidental Death, Accidental Dismemberment (AD&D) Benefit: \$10,000 Maximum amount  
Accident Medical Expense Benefit: \$250,000  
Deductible: \$250  
per accident  
Dental Maximum: \$250 per  
tooth/per accident  
Incurral Period: within 90 days of the date of the accident causing the Injury  
Benefit Payout Period: payable only for such charges incurred within 52 weeks after the date of the  
accident causing the Injury

### CRIME PROTECTION POLICY NUMBER 197008660 COMPANY: HCC

Crime / Employee Theft \$25,000  
Deductible \$500

### DIRECTORS & OFFICERS

Directors & Officers Limit \$1,000,000  
Retention \$1,000  
Aggregate Limit \$1,000,000



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/12/2019

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

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

<b>PRODUCER</b> <b>ESP INSURANCE BROKERAGE LLC</b> 306 Main Street Worcester, MA 01608	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): -      FAX (A/C, No): E-MAIL ADDRESS:
	INSURER(S) AFFORDING COVERAGE      NAIC # INSURER A : Houston Casualty Company <b>42374</b> INSURER B : AIG Insurance <b>19402</b> INSURER C : Great American Ins Co. (IL) INSURER D : INSURER E : INSURER F :
<b>INSURED</b> <b>FINGER LAKES YOUTH FOOTBALL AND CHEERLEADING LEAGUE INC</b> PO BOX 35 Lyons, NY 14489	


**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 INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence)      \$ <b>300,000</b> MED EXP (Any one person)      \$ PERSONAL & ADV INJURY      \$ <b>1,000,000</b> GENERAL AGGREGATE      \$ <b>5,000,000</b> PRODUCTS - COMP/OP AGG      \$ <b>5,000,000</b> \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)      \$ BODILY INJURY (Per person)      \$ BODILY INJURY (Per accident)      \$ PROPERTY DAMAGE (Per accident)      \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$ <b>1,000,000</b> AGGREGATE      \$ <b>1,000,000</b> \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?    Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT      \$ E.L. DISEASE - EA EMPLOYEE      \$ E.L. DISEASE - POLICY LIMIT      \$
B	A&H			SRG0009133720	01/01/2020	01/01/2021	SEE REMARKS
C	D&O			EPP2452954	01/23/2020	01/23/2021	SEE REMARKS

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**THE CERTIFICATE HOLDER is added as an additional insured with respects to general liability coverage but only with respect to liability arising out of the operations of the named insureds league.**  
**Sexual Abuse / Molestation limits are as follows: \$1,000,000 EACH OCCURRENCE / \$2,000,000 AGGREGATE**  
**THIS POLICY DOES NOT EXCLUDE CONCUSSIONS**

(See Attached Descriptions)

<b>CERTIFICATE HOLDER</b>  <b>EVIDENCE ONLY</b>	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
---	--

## DESCRIPTIONS (Continued from Page 1)

### YOUTH PARTICIPANTS ACCIDENT & HEALTH COVERAGE

Accidental Death, Accidental Dismemberment (AD&D) Benefit: \$10,000 Maximum amount  
Accident Medical Expense Benefit: \$250,000  
Deductible: \$250  
per accident  
Dental Maximum: \$250 per  
tooth/per accident  
Incurral Period: within 90 days of the date of the accident causing the Injury  
Benefit Payout Period: payable only for such charges incurred within 52 weeks after the date of the  
accident causing the Injury

### CRIME PROTECTION POLICY NUMBER 197008660 COMPANY: HCC

Crime / Employee Theft \$25,000  
Deductible \$500

### DIRECTORS & OFFICERS

Directors & Officers Limit \$1,000,000  
Retention \$1,000  
Aggregate Limit \$1,000,000



**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
12/12/2019

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

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

<b>PRODUCER</b> <b>ESP INSURANCE BROKERAGE LLC</b> 306 Main Street Worcester, MA 01608	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): -      FAX (A/C, No): E-MAIL ADDRESS:
	INSURER(S) AFFORDING COVERAGE      NAIC # INSURER A : Houston Casualty Company <b>42374</b> INSURER B : AIG Insurance <b>19402</b> INSURER C : Great American Ins Co. (IL) INSURER D : INSURER E : INSURER F :
<b>INSURED</b> <b>FINGER LAKES YOUTH FOOTBALL AND CHEERLEADING LEAGUE INC</b> PO BOX 35 Lyons, NY 14489	


**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 INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>A</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<b>X</b>		<b>197008660</b>	<b>01/01/2020</b>	<b>01/01/2021</b>	EACH OCCURRENCE      \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence)      \$ <b>300,000</b> MED EXP (Any one person)      \$ PERSONAL & ADV INJURY      \$ <b>1,000,000</b> GENERAL AGGREGATE      \$ <b>5,000,000</b> PRODUCTS - COMP/OP AGG      \$ <b>5,000,000</b> \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)      \$ BODILY INJURY (Per person)      \$ BODILY INJURY (Per accident)      \$ PROPERTY DAMAGE (Per accident)      \$ \$
<b>A</b>	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$	<b>X</b>		<b>197008660</b>	<b>01/01/2020</b>	<b>01/01/2021</b>	EACH OCCURRENCE      \$ <b>1,000,000</b> AGGREGATE      \$ <b>1,000,000</b> \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?    Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		<b>N/A</b>				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT      \$ E.L. DISEASE - EA EMPLOYEE      \$ E.L. DISEASE - POLICY LIMIT      \$
<b>B</b>	<b>A&amp;H</b>			<b>SRG0009133720</b>	<b>01/01/2020</b>	<b>01/01/2021</b>	<b>SEE REMARKS</b>
<b>C</b>	<b>D&amp;O</b>			<b>EPP2452954</b>	<b>01/23/2020</b>	<b>01/23/2021</b>	<b>SEE REMARKS</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**THE CERTIFICATE HOLDER is added as an additional insured with respects to general liability coverage but only with respect to liability arising out of the operations of the named insureds league.**  
**Sexual Abuse / Molestation limits are as follows: \$1,000,000 EACH OCCURRENCE / \$2,000,000 AGGREGATE**  
**THIS POLICY DOES NOT EXCLUDE CONCUSSIONS**

(See Attached Descriptions)

<b>CERTIFICATE HOLDER</b> EYER LEGION PARK East Rochester, NY 14445-0000	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
--	--

## DESCRIPTIONS (Continued from Page 1)

### YOUTH PARTICIPANTS ACCIDENT & HEALTH COVERAGE

Accidental Death, Accidental Dismemberment (AD&D) Benefit: \$10,000 Maximum amount  
Accident Medical Expense Benefit: \$250,000  
Deductible: \$250  
per accident  
Dental Maximum: \$250 per  
tooth/per accident  
Incurral Period: within 90 days of the date of the accident causing the Injury  
Benefit Payout Period: payable only for such charges incurred within 52 weeks after the date of the  
accident causing the Injury

### CRIME PROTECTION POLICY NUMBER 197008660 COMPANY: HCC

Crime / Employee Theft \$25,000  
Deductible \$500

### DIRECTORS & OFFICERS

Directors & Officers Limit \$1,000,000  
Retention \$1,000  
Aggregate Limit \$1,000,000



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/12/2019

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

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

<b>PRODUCER</b> <b>ESP INSURANCE BROKERAGE LLC</b> 306 Main Street Worcester, MA 01608	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): -      FAX (A/C, No):	
	<b>E-MAIL ADDRESS:</b>	
<b>INSURED</b> <b>FINGER LAKES YOUTH FOOTBALL AND CHEERLEADING LEAGUE INC</b> PO BOX 35 Lyons, NY 14489	<b>INSURER(S) AFFORDING COVERAGE</b>	
	INSURER A : Houston Casualty Company	<b>NAIC #</b> <b>42374</b>
	INSURER B : AIG Insurance	<b>19402</b>
	INSURER C : Great American Ins Co. (IL)	
	INSURER D :	
	INSURER E :	


**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 INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>300,000</b> MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>5,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>5,000,000</b> \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE \$ <b>1,000,000</b> AGGREGATE \$ <b>1,000,000</b> \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	A&H			SRG0009133720	01/01/2020	01/01/2021	SEE REMARKS
C	D&O			EPP2452954	01/23/2020	01/23/2021	SEE REMARKS

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**THE CERTIFICATE HOLDER is added as an additional insured with respects to general liability coverage but only with respect to liability arising out of the operations of the named insureds league.**  
**Sexual Abuse / Molestation limits are as follows: \$1,000,000 EACH OCCURRENCE / \$2,000,000 AGGREGATE**  
**THIS POLICY DOES NOT EXCLUDE CONCUSSIONS**

(See Attached Descriptions)

<b>CERTIFICATE HOLDER</b> EYER PARK 100 WILSON AVE East Rochester, NY 14445-0000	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
---	--

## DESCRIPTIONS (Continued from Page 1)

### YOUTH PARTICIPANTS ACCIDENT & HEALTH COVERAGE

Accidental Death, Accidental Dismemberment (AD&D) Benefit: \$10,000 Maximum amount  
Accident Medical Expense Benefit: \$250,000  
Deductible: \$250  
per accident  
Dental Maximum: \$250 per  
tooth/per accident  
Incurral Period: within 90 days of the date of the accident causing the Injury  
Benefit Payout Period: payable only for such charges incurred within 52 weeks after the date of the  
accident causing the Injury

### CRIME PROTECTION POLICY NUMBER 197008660 COMPANY: HCC

Crime / Employee Theft \$25,000  
Deductible \$500

### DIRECTORS & OFFICERS

Directors & Officers Limit \$1,000,000  
Retention \$1,000  
Aggregate Limit \$1,000,000

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
12/12/2019

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

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

<b>PRODUCER</b> <b>ESP INSURANCE BROKERAGE LLC</b> 306 Main Street Worcester, MA 01608	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): -      FAX (A/C, No): E-MAIL ADDRESS:
	INSURER(S) AFFORDING COVERAGE      NAIC # INSURER A : Houston Casualty Company <b>42374</b> INSURER B : AIG Insurance <b>19402</b> INSURER C : Great American Ins Co. (IL) INSURER D : INSURER E : INSURER F :
<b>INSURED</b> <b>FINGER LAKES YOUTH FOOTBALL AND CHEERLEADING LEAGUE INC</b> PO BOX 35 Lyons, NY 14489	

**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 INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>A</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<b>X</b>		<b>197008660</b>	<b>01/01/2020</b>	<b>01/01/2021</b>	EACH OCCURRENCE      \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence)      \$ <b>300,000</b> MED EXP (Any one person)      \$ PERSONAL & ADV INJURY      \$ <b>1,000,000</b> GENERAL AGGREGATE      \$ <b>5,000,000</b> PRODUCTS - COMP/OP AGG      \$ <b>5,000,000</b> \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)      \$ BODILY INJURY (Per person)      \$ BODILY INJURY (Per accident)      \$ PROPERTY DAMAGE (Per accident)      \$ \$
<b>A</b>	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$	<b>X</b>		<b>197008660</b>	<b>01/01/2020</b>	<b>01/01/2021</b>	EACH OCCURRENCE      \$ <b>1,000,000</b> AGGREGATE      \$ <b>1,000,000</b> \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?    Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		<b>N/A</b>				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT      \$ E.L. DISEASE - EA EMPLOYEE      \$ E.L. DISEASE - POLICY LIMIT      \$
<b>B</b>	<b>A&amp;H</b>			<b>SRG0009133720</b>	<b>01/01/2020</b>	<b>01/01/2021</b>	<b>SEE REMARKS</b>
<b>C</b>	<b>D&amp;O</b>			<b>EPP2452954</b>	<b>01/23/2020</b>	<b>01/23/2021</b>	<b>SEE REMARKS</b>

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

**THE CERTIFICATE HOLDER is added as an additional insured with respects to general liability coverage but only with respect to liability arising out of the operations of the named insureds league.**  
**Sexual Abuse / Molestation limits are as follows: \$1,000,000 EACH OCCURRENCE / \$2,000,000 AGGREGATE**  
**THIS POLICY DOES NOT EXCLUDE CONCUSSIONS**

(See Attached Descriptions)

<b>CERTIFICATE HOLDER</b> FERGUSON'S 5300 TWITCHELL ROAD Rushville, NY 14544-0000	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
--	--

## DESCRIPTIONS (Continued from Page 1)

### YOUTH PARTICIPANTS ACCIDENT & HEALTH COVERAGE

Accidental Death, Accidental Dismemberment (AD&D) Benefit: \$10,000 Maximum amount  
Accident Medical Expense Benefit: \$250,000  
Deductible: \$250  
per accident  
Dental Maximum: \$250 per  
tooth/per accident  
Incurral Period: within 90 days of the date of the accident causing the Injury  
Benefit Payout Period: payable only for such charges incurred within 52 weeks after the date of the  
accident causing the Injury

### CRIME PROTECTION POLICY NUMBER 197008660 COMPANY: HCC

Crime / Employee Theft \$25,000  
Deductible \$500

### DIRECTORS & OFFICERS

Directors & Officers Limit \$1,000,000  
Retention \$1,000  
Aggregate Limit \$1,000,000

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
12/12/2019

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

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

<b>PRODUCER</b> <b>ESP INSURANCE BROKERAGE LLC</b> 306 Main Street Worcester, MA 01608	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): -      FAX (A/C, No): E-MAIL ADDRESS:
	INSURER(S) AFFORDING COVERAGE      NAIC # INSURER A : Houston Casualty Company <b>42374</b> INSURER B : AIG Insurance <b>19402</b> INSURER C : Great American Ins Co. (IL) INSURER D : INSURER E : INSURER F :
<b>INSURED</b> <b>FINGER LAKES YOUTH FOOTBALL AND CHEERLEADING LEAGUE INC</b> PO BOX 35 Lyons, NY 14489	


**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 INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>A</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>		<b>197008660</b>	<b>01/01/2020</b>	<b>01/01/2021</b>	EACH OCCURRENCE <b>\$1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) <b>\$300,000</b> MED EXP (Any one person)      \$ PERSONAL & ADV INJURY <b>\$1,000,000</b> GENERAL AGGREGATE <b>\$5,000,000</b> PRODUCTS - COMP/OP AGG <b>\$5,000,000</b> \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)      \$ BODILY INJURY (Per person)      \$ BODILY INJURY (Per accident)      \$ PROPERTY DAMAGE (Per accident)      \$ \$
<b>A</b>	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<b>197008660</b>	<b>01/01/2020</b>	<b>01/01/2021</b>	EACH OCCURRENCE <b>\$1,000,000</b> AGGREGATE <b>\$1,000,000</b> \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?    Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT      \$ E.L. DISEASE - EA EMPLOYEE      \$ E.L. DISEASE - POLICY LIMIT      \$
<b>B</b>	<b>A&amp;H</b>			<b>SRG0009133720</b>	<b>01/01/2020</b>	<b>01/01/2021</b>	<b>SEE REMARKS</b>
<b>C</b>	<b>D&amp;O</b>			<b>EPP2452954</b>	<b>01/23/2020</b>	<b>01/23/2021</b>	<b>SEE REMARKS</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**THE CERTIFICATE HOLDER is added as an additional insured with respects to general liability coverage but only with respect to liability arising out of the operations of the named insureds league.**  
**Sexual Abuse / Molestation limits are as follows: \$1,000,000 EACH OCCURRENCE / \$2,000,000 AGGREGATE**  
**THIS POLICY DOES NOT EXCLUDE CONCUSSIONS**

(See Attached Descriptions)

<b>CERTIFICATE HOLDER</b> FINGER LAKES YOUTH FOOTBALL & CHEERLEADING PO BOX 35 Lyons, NY 14489-0000	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
--	--

## DESCRIPTIONS (Continued from Page 1)

### YOUTH PARTICIPANTS ACCIDENT & HEALTH COVERAGE

Accidental Death, Accidental Dismemberment (AD&D) Benefit: \$10,000 Maximum amount  
Accident Medical Expense Benefit: \$250,000  
Deductible: \$250  
per accident  
Dental Maximum: \$250 per  
tooth/per accident  
Incurral Period: within 90 days of the date of the accident causing the Injury  
Benefit Payout Period: payable only for such charges incurred within 52 weeks after the date of the  
accident causing the Injury

### CRIME PROTECTION POLICY NUMBER 197008660 COMPANY: HCC

Crime / Employee Theft \$25,000  
Deductible \$500

### DIRECTORS & OFFICERS

Directors & Officers Limit \$1,000,000  
Retention \$1,000  
Aggregate Limit \$1,000,000



**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
12/12/2019

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

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

<b>PRODUCER</b> <b>ESP INSURANCE BROKERAGE LLC</b> 306 Main Street Worcester, MA 01608	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): -      FAX (A/C, No):	
	<b>E-MAIL ADDRESS:</b>	
<b>INSURED</b> <b>FINGER LAKES YOUTH FOOTBALL AND CHEERLEADING LEAGUE INC</b> PO BOX 35 Lyons, NY 14489	<b>INSURER(S) AFFORDING COVERAGE</b>	
	INSURER A : Houston Casualty Company	<b>NAIC #</b> <b>42374</b>
	INSURER B : AIG Insurance	<b>19402</b>
	INSURER C : Great American Ins Co. (IL)	
	INSURER D :	
	INSURER E :	


**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 INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>300,000</b> MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>5,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>5,000,000</b> \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE \$ <b>1,000,000</b> AGGREGATE \$ <b>1,000,000</b> \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	A&H			SRG0009133720	01/01/2020	01/01/2021	SEE REMARKS
C	D&O			EPP2452954	01/23/2020	01/23/2021	SEE REMARKS

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**THE CERTIFICATE HOLDER is added as an additional insured with respects to general liability coverage but only with respect to liability arising out of the operations of the named insureds league.**  
**Sexual Abuse / Molestation limits are as follows: \$1,000,000 EACH OCCURRENCE / \$2,000,000 AGGREGATE**  
**THIS POLICY DOES NOT EXCLUDE CONCUSSIONS**

(See Attached Descriptions)

<b>CERTIFICATE HOLDER</b> FIREMAN'S FIELD 2 SOUTH STREET Seneca Falls, NY 13148-0000	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
---	--

## DESCRIPTIONS (Continued from Page 1)

### YOUTH PARTICIPANTS ACCIDENT & HEALTH COVERAGE

Accidental Death, Accidental Dismemberment (AD&D) Benefit: \$10,000 Maximum amount  
Accident Medical Expense Benefit: \$250,000  
Deductible: \$250  
per accident  
Dental Maximum: \$250 per  
tooth/per accident  
Incurral Period: within 90 days of the date of the accident causing the Injury  
Benefit Payout Period: payable only for such charges incurred within 52 weeks after the date of the  
accident causing the Injury

### CRIME PROTECTION POLICY NUMBER 197008660 COMPANY: HCC

Crime / Employee Theft \$25,000  
Deductible \$500

### DIRECTORS & OFFICERS

Directors & Officers Limit \$1,000,000  
Retention \$1,000  
Aggregate Limit \$1,000,000

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
12/12/2019

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

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


<b>PRODUCER</b> <b>ESP INSURANCE BROKERAGE LLC</b> 306 Main Street Worcester, MA 01608	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): -      FAX (A/C, No):	
	<b>E-MAIL ADDRESS:</b>	
<b>INSURED</b> <b>FINGER LAKES YOUTH FOOTBALL AND CHEERLEADING LEAGUE INC</b> PO BOX 35 Lyons, NY 14489	<b>INSURER(S) AFFORDING COVERAGE</b>	
	INSURER A : Houston Casualty Company <b>NAIC # 42374</b>	
	INSURER B : AIG Insurance <b>19402</b>	
	INSURER C : Great American Ins Co. (IL)	
	INSURER D :	
	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 INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$ <b>1,000,000</b>
							DAMAGE TO RENTED PREMISES (Ea occurrence)      \$ <b>300,000</b>
							MED EXP (Any one person)      \$
							PERSONAL & ADV INJURY      \$ <b>1,000,000</b>
							GENERAL AGGREGATE      \$ <b>5,000,000</b>
							PRODUCTS - COMP/OP AGG      \$ <b>5,000,000</b>
							\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)      \$
							BODILY INJURY (Per person)      \$
							BODILY INJURY (Per accident)      \$
							PROPERTY DAMAGE (Per accident)      \$
							\$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$ <b>1,000,000</b>
							AGGREGATE      \$ <b>1,000,000</b>
							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?    Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT      \$ E.L. DISEASE - EA EMPLOYEE      \$ E.L. DISEASE - POLICY LIMIT      \$
B	A&H			SRG0009133720	01/01/2020	01/01/2021	SEE REMARKS
C	D&O			EPP2452954	01/23/2020	01/23/2021	SEE REMARKS

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**THE CERTIFICATE HOLDER is added as an additional insured with respects to general liability coverage but only with respect to liability arising out of the operations of the named insureds league.**  
**Sexual Abuse / Molestation limits are as follows: \$1,000,000 EACH OCCURRENCE / \$2,000,000 AGGREGATE**  
**THIS POLICY DOES NOT EXCLUDE CONCUSSIONS**  
 (See Attached Descriptions)

<b>CERTIFICATE HOLDER</b>  FIVE STAR BANK 1940 US RT 20 Waterloo, NY 13165-0000	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
---	--

## DESCRIPTIONS (Continued from Page 1)

### YOUTH PARTICIPANTS ACCIDENT & HEALTH COVERAGE

Accidental Death, Accidental Dismemberment (AD&D) Benefit: \$10,000 Maximum amount  
Accident Medical Expense Benefit: \$250,000  
Deductible: \$250  
per accident  
Dental Maximum: \$250 per  
tooth/per accident  
Incurral Period: within 90 days of the date of the accident causing the Injury  
Benefit Payout Period: payable only for such charges incurred within 52 weeks after the date of the  
accident causing the Injury

### CRIME PROTECTION POLICY NUMBER 197008660 COMPANY: HCC

Crime / Employee Theft \$25,000  
Deductible \$500

### DIRECTORS & OFFICERS

Directors & Officers Limit \$1,000,000  
Retention \$1,000  
Aggregate Limit \$1,000,000

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

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

<b>PRODUCER</b> <b>ESP INSURANCE BROKERAGE LLC</b> 306 Main Street Worcester, MA 01608	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): -      FAX (A/C, No): E-MAIL ADDRESS:
	INSURER(S) AFFORDING COVERAGE      NAIC # INSURER A : Houston Casualty Company <b>42374</b> INSURER B : AIG Insurance <b>19402</b> INSURER C : Great American Ins Co. (IL) INSURER D : INSURER E : INSURER F :
<b>INSURED</b> <b>FINGER LAKES YOUTH FOOTBALL AND CHEERLEADING LEAGUE INC</b> PO BOX 35 Lyons, NY 14489	


**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 INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>A</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>		<b>197008660</b>	<b>01/01/2020</b>	<b>01/01/2021</b>	EACH OCCURRENCE      \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence)      \$ <b>300,000</b> MED EXP (Any one person)      \$ PERSONAL & ADV INJURY      \$ <b>1,000,000</b> GENERAL AGGREGATE      \$ <b>5,000,000</b> PRODUCTS - COMP/OP AGG      \$ <b>5,000,000</b> \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)      \$ BODILY INJURY (Per person)      \$ BODILY INJURY (Per accident)      \$ PROPERTY DAMAGE (Per accident)      \$ \$
<b>A</b>	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$	<input checked="" type="checkbox"/>		<b>197008660</b>	<b>01/01/2020</b>	<b>01/01/2021</b>	EACH OCCURRENCE      \$ <b>1,000,000</b> AGGREGATE      \$ <b>1,000,000</b> \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?    Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT      \$ E.L. DISEASE - EA EMPLOYEE      \$ E.L. DISEASE - POLICY LIMIT      \$
<b>B</b>	<b>A&amp;H</b>			<b>SRG0009133720</b>	<b>01/01/2020</b>	<b>01/01/2021</b>	<b>SEE REMARKS</b>
<b>C</b>	<b>D&amp;O</b>			<b>EPP2452954</b>	<b>01/23/2020</b>	<b>01/23/2021</b>	<b>SEE REMARKS</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**THE CERTIFICATE HOLDER is added as an additional insured with respects to general liability coverage but only with respect to liability arising out of the operations of the named insureds league.**  
**Sexual Abuse / Molestation limits are as follows: \$1,000,000 EACH OCCURRENCE / \$2,000,000 AGGREGATE**  
**THIS POLICY DOES NOT EXCLUDE CONCUSSIONS**

(See Attached Descriptions)

<b>CERTIFICATE HOLDER</b> FRANK KNIGHT ELEMENTARY SCHOOL 98 CLINTON STREET Seneca Falls, NY 13148-0000	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
---	--

## DESCRIPTIONS (Continued from Page 1)

### YOUTH PARTICIPANTS ACCIDENT & HEALTH COVERAGE

Accidental Death, Accidental Dismemberment (AD&D) Benefit: \$10,000 Maximum amount  
Accident Medical Expense Benefit: \$250,000  
Deductible: \$250  
per accident  
Dental Maximum: \$250 per  
tooth/per accident  
Incurral Period: within 90 days of the date of the accident causing the Injury  
Benefit Payout Period: payable only for such charges incurred within 52 weeks after the date of the  
accident causing the Injury

### CRIME PROTECTION POLICY NUMBER 197008660 COMPANY: HCC

Crime / Employee Theft \$25,000  
Deductible \$500

### DIRECTORS & OFFICERS

Directors & Officers Limit \$1,000,000  
Retention \$1,000  
Aggregate Limit \$1,000,000

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
12/12/2019

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

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


<b>PRODUCER</b> <b>ESP INSURANCE BROKERAGE LLC</b> 306 Main Street Worcester, MA 01608	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): -      FAX (A/C, No):	
	<b>E-MAIL ADDRESS:</b>	
<b>INSURED</b> <b>FINGER LAKES YOUTH FOOTBALL AND CHEERLEADING LEAGUE INC</b> PO BOX 35 Lyons, NY 14489	<b>INSURER(S) AFFORDING COVERAGE</b>	
	INSURER A : Houston Casualty Company <b>NAIC # 42374</b>	
	INSURER B : AIG Insurance <b>19402</b>	
	INSURER C : Great American Ins Co. (IL)	
	INSURER D :	
	INSURER E :	

**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 INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$ <b>1,000,000</b>
							DAMAGE TO RENTED PREMISES (Ea occurrence)      \$ <b>300,000</b>
							MED EXP (Any one person)      \$
							PERSONAL & ADV INJURY      \$ <b>1,000,000</b>
							GENERAL AGGREGATE      \$ <b>5,000,000</b>
							PRODUCTS - COMP/OP AGG      \$ <b>5,000,000</b>
							\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)      \$
							BODILY INJURY (Per person)      \$
							BODILY INJURY (Per accident)      \$
							PROPERTY DAMAGE (Per accident)      \$
							\$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$ <b>1,000,000</b>
							AGGREGATE      \$ <b>1,000,000</b>
							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?    Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT      \$ E.L. DISEASE - EA EMPLOYEE      \$ E.L. DISEASE - POLICY LIMIT      \$
B	A&H			SRG0009133720	01/01/2020	01/01/2021	SEE REMARKS
C	D&O			EPP2452954	01/23/2020	01/23/2021	SEE REMARKS

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**THE CERTIFICATE HOLDER is added as an additional insured with respects to general liability coverage but only with respect to liability arising out of the operations of the named insureds league.**  
**Sexual Abuse / Molestation limits are as follows: \$1,000,000 EACH OCCURRENCE / \$2,000,000 AGGREGATE**  
**THIS POLICY DOES NOT EXCLUDE CONCUSSIONS**  
 (See Attached Descriptions)

<b>CERTIFICATE HOLDER</b>  GANANDA HIGH SCHOOL 3195 WIEDRICK ROAD Walworth, NY 14568-0000	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
---	--

## DESCRIPTIONS (Continued from Page 1)

### YOUTH PARTICIPANTS ACCIDENT & HEALTH COVERAGE

Accidental Death, Accidental Dismemberment (AD&D) Benefit: \$10,000 Maximum amount  
Accident Medical Expense Benefit: \$250,000  
Deductible: \$250  
per accident  
Dental Maximum: \$250 per  
tooth/per accident  
Incurral Period: within 90 days of the date of the accident causing the Injury  
Benefit Payout Period: payable only for such charges incurred within 52 weeks after the date of the  
accident causing the Injury

### CRIME PROTECTION POLICY NUMBER 197008660 COMPANY: HCC

Crime / Employee Theft \$25,000  
Deductible \$500

### DIRECTORS & OFFICERS

Directors & Officers Limit \$1,000,000  
Retention \$1,000  
Aggregate Limit \$1,000,000



**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
12/12/2019

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

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

<b>PRODUCER</b> <b>ESP INSURANCE BROKERAGE LLC</b> 306 Main Street Worcester, MA 01608	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): -      FAX (A/C, No): E-MAIL ADDRESS:
	INSURER(S) AFFORDING COVERAGE      NAIC # INSURER A : Houston Casualty Company <b>42374</b> INSURER B : AIG Insurance <b>19402</b> INSURER C : Great American Ins Co. (IL) INSURER D : INSURER E : INSURER F :
<b>INSURED</b> <b>FINGER LAKES YOUTH FOOTBALL AND CHEERLEADING LEAGUE INC</b> PO BOX 35 Lyons, NY 14489	


**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 INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>A</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<b>X</b>		<b>197008660</b>	<b>01/01/2020</b>	<b>01/01/2021</b>	EACH OCCURRENCE      \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence)      \$ <b>300,000</b> MED EXP (Any one person)      \$ PERSONAL & ADV INJURY      \$ <b>1,000,000</b> GENERAL AGGREGATE      \$ <b>5,000,000</b> PRODUCTS - COMP/OP AGG      \$ <b>5,000,000</b> \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)      \$ BODILY INJURY (Per person)      \$ BODILY INJURY (Per accident)      \$ PROPERTY DAMAGE (Per accident)      \$ \$
<b>A</b>	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$	<b>X</b>		<b>197008660</b>	<b>01/01/2020</b>	<b>01/01/2021</b>	EACH OCCURRENCE      \$ <b>1,000,000</b> AGGREGATE      \$ <b>1,000,000</b> \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?    Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		<b>N/A</b>				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT      \$ E.L. DISEASE - EA EMPLOYEE      \$ E.L. DISEASE - POLICY LIMIT      \$
<b>B</b>	<b>A&amp;H</b>			<b>SRG0009133720</b>	<b>01/01/2020</b>	<b>01/01/2021</b>	<b>SEE REMARKS</b>
<b>C</b>	<b>D&amp;O</b>			<b>EPP2452954</b>	<b>01/23/2020</b>	<b>01/23/2021</b>	<b>SEE REMARKS</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**THE CERTIFICATE HOLDER is added as an additional insured with respects to general liability coverage but only with respect to liability arising out of the operations of the named insureds league.**  
**Sexual Abuse / Molestation limits are as follows: \$1,000,000 EACH OCCURRENCE / \$2,000,000 AGGREGATE**  
**THIS POLICY DOES NOT EXCLUDE CONCUSSIONS**

(See Attached Descriptions)

<b>CERTIFICATE HOLDER</b> GATES CHILI HIGH SCHOOL 1 SPARTAN WAY Rochester, NY 14624-0000	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
---	--

## DESCRIPTIONS (Continued from Page 1)

### YOUTH PARTICIPANTS ACCIDENT & HEALTH COVERAGE

Accidental Death, Accidental Dismemberment (AD&D) Benefit: \$10,000 Maximum amount  
Accident Medical Expense Benefit: \$250,000  
Deductible: \$250  
per accident  
Dental Maximum: \$250 per  
tooth/per accident  
Incurral Period: within 90 days of the date of the accident causing the Injury  
Benefit Payout Period: payable only for such charges incurred within 52 weeks after the date of the  
accident causing the Injury

### CRIME PROTECTION POLICY NUMBER 197008660 COMPANY: HCC

Crime / Employee Theft \$25,000  
Deductible \$500

### DIRECTORS & OFFICERS

Directors & Officers Limit \$1,000,000  
Retention \$1,000  
Aggregate Limit \$1,000,000

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

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

<b>PRODUCER</b> <b>ESP INSURANCE BROKERAGE LLC</b> 306 Main Street Worcester, MA 01608	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): -      FAX (A/C, No):	
	<b>E-MAIL ADDRESS:</b>	
<b>INSURED</b> <b>FINGER LAKES YOUTH FOOTBALL AND CHEERLEADING LEAGUE INC</b> PO BOX 35 Lyons, NY 14489	<b>INSURER(S) AFFORDING COVERAGE</b>	
	INSURER A : Houston Casualty Company	<b>NAIC #</b> <b>42374</b>
	INSURER B : AIG Insurance	<b>19402</b>
	INSURER C : Great American Ins Co. (IL)	
	INSURER D :	
	INSURER E :	


**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 INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$ <b>1,000,000</b>
							DAMAGE TO RENTED PREMISES (Ea occurrence)      \$ <b>300,000</b>
							MED EXP (Any one person)      \$
							PERSONAL & ADV INJURY      \$ <b>1,000,000</b>
							GENERAL AGGREGATE      \$ <b>5,000,000</b>
							PRODUCTS - COMP/OP AGG      \$ <b>5,000,000</b>
							\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)      \$
							BODILY INJURY (Per person)      \$
							BODILY INJURY (Per accident)      \$
							PROPERTY DAMAGE (Per accident)      \$
							\$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$ <b>1,000,000</b>
							AGGREGATE      \$ <b>1,000,000</b>
							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?    Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT      \$ E.L. DISEASE - EA EMPLOYEE      \$ E.L. DISEASE - POLICY LIMIT      \$
B	A&H			SRG0009133720	01/01/2020	01/01/2021	SEE REMARKS
C	D&O			EPP2452954	01/23/2020	01/23/2021	SEE REMARKS

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**THE CERTIFICATE HOLDER is added as an additional insured with respects to general liability coverage but only with respect to liability arising out of the operations of the named insureds league.**  
**Sexual Abuse / Molestation limits are as follows: \$1,000,000 EACH OCCURRENCE / \$2,000,000 AGGREGATE**  
**THIS POLICY DOES NOT EXCLUDE CONCUSSIONS**

(See Attached Descriptions)

<b>CERTIFICATE HOLDER</b>  GENEVA CITY SCHOOLS 400 WEST NORTH STREET Geneva, NY 14456-0000	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
--	--

## DESCRIPTIONS (Continued from Page 1)

### YOUTH PARTICIPANTS ACCIDENT & HEALTH COVERAGE

Accidental Death, Accidental Dismemberment (AD&D) Benefit: \$10,000 Maximum amount  
Accident Medical Expense Benefit: \$250,000  
Deductible: \$250  
per accident  
Dental Maximum: \$250 per  
tooth/per accident  
Incurral Period: within 90 days of the date of the accident causing the Injury  
Benefit Payout Period: payable only for such charges incurred within 52 weeks after the date of the  
accident causing the Injury

### CRIME PROTECTION POLICY NUMBER 197008660 COMPANY: HCC

Crime / Employee Theft \$25,000  
Deductible \$500

### DIRECTORS & OFFICERS

Directors & Officers Limit \$1,000,000  
Retention \$1,000  
Aggregate Limit \$1,000,000

**CERTIFICATE OF LIABILITY INSURANCE**

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

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


<b>PRODUCER</b> <b>ESP INSURANCE BROKERAGE LLC</b> 306 Main Street Worcester, MA 01608	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): -      FAX (A/C, No): E-MAIL ADDRESS:
	INSURER(S) AFFORDING COVERAGE      NAIC # INSURER A : Houston Casualty Company <b>42374</b> INSURER B : AIG Insurance <b>19402</b> INSURER C : Great American Ins Co. (IL) INSURER D : INSURER E : INSURER F :
<b>INSURED</b> <b>FINGER LAKES YOUTH FOOTBALL AND CHEERLEADING LEAGUE INC</b> PO BOX 35 Lyons, NY 14489	

**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 INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>A</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>		<b>197008660</b>	<b>01/01/2020</b>	<b>01/01/2021</b>	EACH OCCURRENCE      \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence)      \$ <b>300,000</b> MED EXP (Any one person)      \$ PERSONAL & ADV INJURY      \$ <b>1,000,000</b> GENERAL AGGREGATE      \$ <b>5,000,000</b> PRODUCTS - COMP/OP AGG      \$ <b>5,000,000</b> \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)      \$ BODILY INJURY (Per person)      \$ BODILY INJURY (Per accident)      \$ PROPERTY DAMAGE (Per accident)      \$ \$
<b>A</b>	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$	<input checked="" type="checkbox"/>		<b>197008660</b>	<b>01/01/2020</b>	<b>01/01/2021</b>	EACH OCCURRENCE      \$ <b>1,000,000</b> AGGREGATE      \$ <b>1,000,000</b> \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?    Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT      \$ E.L. DISEASE - EA EMPLOYEE      \$ E.L. DISEASE - POLICY LIMIT      \$
<b>B</b>	<b>A&amp;H</b>			<b>SRG0009133720</b>	<b>01/01/2020</b>	<b>01/01/2021</b>	<b>SEE REMARKS</b>
<b>C</b>	<b>D&amp;O</b>			<b>EPP2452954</b>	<b>01/23/2020</b>	<b>01/23/2021</b>	<b>SEE REMARKS</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**THE CERTIFICATE HOLDER is added as an additional insured with respects to general liability coverage but only with respect to liability arising out of the operations of the named insureds league.**  
**Sexual Abuse / Molestation limits are as follows: \$1,000,000 EACH OCCURRENCE / \$2,000,000 AGGREGATE**  
**THIS POLICY DOES NOT EXCLUDE CONCUSSIONS**  
 (See Attached Descriptions)

<b>CERTIFICATE HOLDER</b> GORHAM FIRE HOUSE 4676 KEARNEY ROAD Gorham, NY 14461-0000	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
--	--

## DESCRIPTIONS (Continued from Page 1)

### YOUTH PARTICIPANTS ACCIDENT & HEALTH COVERAGE

Accidental Death, Accidental Dismemberment (AD&D) Benefit: \$10,000 Maximum amount  
Accident Medical Expense Benefit: \$250,000  
Deductible: \$250  
per accident  
Dental Maximum: \$250 per  
tooth/per accident  
Incurral Period: within 90 days of the date of the accident causing the Injury  
Benefit Payout Period: payable only for such charges incurred within 52 weeks after the date of the  
accident causing the Injury

### CRIME PROTECTION POLICY NUMBER 197008660 COMPANY: HCC

Crime / Employee Theft \$25,000  
Deductible \$500

### DIRECTORS & OFFICERS

Directors & Officers Limit \$1,000,000  
Retention \$1,000  
Aggregate Limit \$1,000,000

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
12/12/2019

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

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

<b>PRODUCER</b> <b>ESP INSURANCE BROKERAGE LLC</b> 306 Main Street Worcester, MA 01608	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): -      FAX (A/C, No):	
	<b>E-MAIL ADDRESS:</b>	
<b>INSURED</b> <b>FINGER LAKES YOUTH FOOTBALL AND CHEERLEADING LEAGUE INC</b> PO BOX 35 Lyons, NY 14489	<b>INSURER(S) AFFORDING COVERAGE</b>	
	INSURER A : Houston Casualty Company	<b>NAIC #</b> <b>42374</b>
	INSURER B : AIG Insurance	<b>19402</b>
	INSURER C : Great American Ins Co. (IL)	
	INSURER D :	
	INSURER E :	


**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 INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>300,000</b> MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>5,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>5,000,000</b> \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE \$ <b>1,000,000</b> AGGREGATE \$ <b>1,000,000</b> \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	A&H			SRG0009133720	01/01/2020	01/01/2021	SEE REMARKS
C	D&O			EPP2452954	01/23/2020	01/23/2021	SEE REMARKS

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**THE CERTIFICATE HOLDER is added as an additional insured with respects to general liability coverage but only with respect to liability arising out of the operations of the named insureds league.**  
**Sexual Abuse / Molestation limits are as follows: \$1,000,000 EACH OCCURRENCE / \$2,000,000 AGGREGATE**  
**THIS POLICY DOES NOT EXCLUDE CONCUSSIONS**

(See Attached Descriptions)

<b>CERTIFICATE HOLDER</b>  <b>HOBART AND WILLIAM SMITH COLLEGES</b> 300 PULTENEY STREET Geneva, NY 14456-0000	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
---	--

## DESCRIPTIONS (Continued from Page 1)

### YOUTH PARTICIPANTS ACCIDENT & HEALTH COVERAGE

Accidental Death, Accidental Dismemberment (AD&D) Benefit: \$10,000 Maximum amount  
Accident Medical Expense Benefit: \$250,000  
Deductible: \$250  
per accident  
Dental Maximum: \$250 per  
tooth/per accident  
Incurral Period: within 90 days of the date of the accident causing the Injury  
Benefit Payout Period: payable only for such charges incurred within 52 weeks after the date of the  
accident causing the Injury

### CRIME PROTECTION POLICY NUMBER 197008660 COMPANY: HCC

Crime / Employee Theft \$25,000  
Deductible \$500

### DIRECTORS & OFFICERS

Directors & Officers Limit \$1,000,000  
Retention \$1,000  
Aggregate Limit \$1,000,000



**CERTIFICATE OF LIABILITY INSURANCE**

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

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

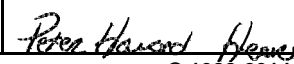
<b>PRODUCER</b> <b>ESP INSURANCE BROKERAGE LLC</b> 306 Main Street Worcester, MA 01608	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): -      FAX (A/C, No): E-MAIL ADDRESS:
	INSURER(S) AFFORDING COVERAGE      NAIC # INSURER A : Houston Casualty Company <b>42374</b> INSURER B : AIG Insurance <b>19402</b> INSURER C : Great American Ins Co. (IL) INSURER D : INSURER E : INSURER F :
<b>INSURED</b> <b>FINGER LAKES YOUTH FOOTBALL AND CHEERLEADING LEAGUE INC</b> PO BOX 35 Lyons, NY 14489	

**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 INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>A</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>		<b>197008660</b>	<b>01/01/2020</b>	<b>01/01/2021</b>	EACH OCCURRENCE      \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence)      \$ <b>300,000</b> MED EXP (Any one person)      \$ PERSONAL & ADV INJURY      \$ <b>1,000,000</b> GENERAL AGGREGATE      \$ <b>5,000,000</b> PRODUCTS - COMP/OP AGG      \$ <b>5,000,000</b> \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)      \$ BODILY INJURY (Per person)      \$ BODILY INJURY (Per accident)      \$ PROPERTY DAMAGE (Per accident)      \$ \$
<b>A</b>	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$	<input checked="" type="checkbox"/>		<b>197008660</b>	<b>01/01/2020</b>	<b>01/01/2021</b>	EACH OCCURRENCE      \$ <b>1,000,000</b> AGGREGATE      \$ <b>1,000,000</b> \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?    Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT      \$ E.L. DISEASE - EA EMPLOYEE      \$ E.L. DISEASE - POLICY LIMIT      \$
<b>B</b>	<b>A&amp;H</b>			<b>SRG0009133720</b>	<b>01/01/2020</b>	<b>01/01/2021</b>	<b>SEE REMARKS</b>
<b>C</b>	<b>D&amp;O</b>			<b>EPP2452954</b>	<b>01/23/2020</b>	<b>01/23/2021</b>	<b>SEE REMARKS</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**THE CERTIFICATE HOLDER is added as an additional insured with respects to general liability coverage but only with respect to liability arising out of the operations of the named insureds league.**  
**Sexual Abuse / Molestation limits are as follows: \$1,000,000 EACH OCCURRENCE / \$2,000,000 AGGREGATE**  
**THIS POLICY DOES NOT EXCLUDE CONCUSSIONS**  
 (See Attached Descriptions)

<b>CERTIFICATE HOLDER</b> HONEOYE FALLS- LIMA CENTRAL SCHOOL DISTRICT 20 CHURCH STREET Honeoye Falls, NY 14472-0000	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
--	--

## DESCRIPTIONS (Continued from Page 1)

### YOUTH PARTICIPANTS ACCIDENT & HEALTH COVERAGE

Accidental Death, Accidental Dismemberment (AD&D) Benefit: \$10,000 Maximum amount  
Accident Medical Expense Benefit: \$250,000  
Deductible: \$250  
per accident  
Dental Maximum: \$250 per  
tooth/per accident  
Incurral Period: within 90 days of the date of the accident causing the Injury  
Benefit Payout Period: payable only for such charges incurred within 52 weeks after the date of the  
accident causing the Injury

### CRIME PROTECTION POLICY NUMBER 197008660 COMPANY: HCC

Crime / Employee Theft \$25,000  
Deductible \$500

### DIRECTORS & OFFICERS

Directors & Officers Limit \$1,000,000  
Retention \$1,000  
Aggregate Limit \$1,000,000

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
12/12/2019

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

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

<b>PRODUCER</b> <b>ESP INSURANCE BROKERAGE LLC</b> 306 Main Street Worcester, MA 01608	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): -      FAX (A/C, No): E-MAIL ADDRESS:
	INSURER(S) AFFORDING COVERAGE      NAIC # INSURER A : Houston Casualty Company <b>42374</b> INSURER B : AIG Insurance <b>19402</b> INSURER C : Great American Ins Co. (IL) INSURER D : INSURER E : INSURER F :
<b>INSURED</b> <b>FINGER LAKES YOUTH FOOTBALL AND CHEERLEADING LEAGUE INC</b> PO BOX 35 Lyons, NY 14489	

**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 INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>A</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<b>X</b>		<b>197008660</b>	<b>01/01/2020</b>	<b>01/01/2021</b>	EACH OCCURRENCE      \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence)      \$ <b>300,000</b> MED EXP (Any one person)      \$ PERSONAL & ADV INJURY      \$ <b>1,000,000</b> GENERAL AGGREGATE      \$ <b>5,000,000</b> PRODUCTS - COMP/OP AGG      \$ <b>5,000,000</b> \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)      \$ BODILY INJURY (Per person)      \$ BODILY INJURY (Per accident)      \$ PROPERTY DAMAGE (Per accident)      \$ \$
<b>A</b>	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$	<b>X</b>		<b>197008660</b>	<b>01/01/2020</b>	<b>01/01/2021</b>	EACH OCCURRENCE      \$ <b>1,000,000</b> AGGREGATE      \$ <b>1,000,000</b> \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?    Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		<b>N / A</b>				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT      \$ E.L. DISEASE - EA EMPLOYEE      \$ E.L. DISEASE - POLICY LIMIT      \$
<b>B</b>	<b>A&amp;H</b>			<b>SRG0009133720</b>	<b>01/01/2020</b>	<b>01/01/2021</b>	<b>SEE REMARKS</b>
<b>C</b>	<b>D&amp;O</b>			<b>EPP2452954</b>	<b>01/23/2020</b>	<b>01/23/2021</b>	<b>SEE REMARKS</b>

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

**THE CERTIFICATE HOLDER is added as an additional insured with respects to general liability coverage but only with respect to liability arising out of the operations of the named insureds league.**  
**Sexual Abuse / Molestation limits are as follows: \$1,000,000 EACH OCCURRENCE / \$2,000,000 AGGREGATE**  
**THIS POLICY DOES NOT EXCLUDE CONCUSSIONS**

(See Attached Descriptions)

<b>CERTIFICATE HOLDER</b> J & J ALLEN FARMS, LLC 2030 SCOON ROAD Geneva, NY 14456-0000	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
---	--

## DESCRIPTIONS (Continued from Page 1)

### YOUTH PARTICIPANTS ACCIDENT & HEALTH COVERAGE

Accidental Death, Accidental Dismemberment (AD&D) Benefit: \$10,000 Maximum amount  
Accident Medical Expense Benefit: \$250,000  
Deductible: \$250  
per accident  
Dental Maximum: \$250 per  
tooth/per accident  
Incurral Period: within 90 days of the date of the accident causing the Injury  
Benefit Payout Period: payable only for such charges incurred within 52 weeks after the date of the  
accident causing the Injury

### CRIME PROTECTION POLICY NUMBER 197008660 COMPANY: HCC

Crime / Employee Theft \$25,000  
Deductible \$500

### DIRECTORS & OFFICERS

Directors & Officers Limit \$1,000,000  
Retention \$1,000  
Aggregate Limit \$1,000,000



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/12/2019

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

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

<b>PRODUCER</b> <b>ESP INSURANCE BROKERAGE LLC</b> 306 Main Street Worcester, MA 01608	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): -      FAX (A/C, No): E-MAIL ADDRESS:													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A : Houston Casualty Company</td> <td>42374</td> </tr> <tr> <td>INSURER B : AIG Insurance</td> <td>19402</td> </tr> <tr> <td>INSURER C : Great American Ins Co. (IL)</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Houston Casualty Company	42374	INSURER B : AIG Insurance	19402	INSURER C : Great American Ins Co. (IL)		INSURER D :		INSURER E :		INSURER F :
INSURER(S) AFFORDING COVERAGE	NAIC #													
INSURER A : Houston Casualty Company	42374													
INSURER B : AIG Insurance	19402													
INSURER C : Great American Ins Co. (IL)														
INSURER D :														
INSURER E :														
INSURER F :														
<b>INSURED</b> <b>FINGER LAKES YOUTH FOOTBALL AND CHEERLEADING LEAGUE INC</b> PO BOX 35 Lyons, NY 14489														


**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 INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>300,000</b> MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>5,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>5,000,000</b> \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE \$ <b>1,000,000</b> AGGREGATE \$ <b>1,000,000</b> \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	A&H			SRG0009133720	01/01/2020	01/01/2021	SEE REMARKS
C	D&O			EPP2452954	01/23/2020	01/23/2021	SEE REMARKS

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**THE CERTIFICATE HOLDER is added as an additional insured with respects to general liability coverage but only with respect to liability arising out of the operations of the named insureds league.**  
**Sexual Abuse / Molestation limits are as follows: \$1,000,000 EACH OCCURRENCE / \$2,000,000 AGGREGATE**  
**THIS POLICY DOES NOT EXCLUDE CONCUSSIONS**

(See Attached Descriptions)

<b>CERTIFICATE HOLDER</b> JORDAN ELBRIDGE HIGH SCHOOL 5721 HAMILTON ROAD PO BOX 901 Jordan, NY 13080-0000	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
--	--

## DESCRIPTIONS (Continued from Page 1)

### YOUTH PARTICIPANTS ACCIDENT & HEALTH COVERAGE

Accidental Death, Accidental Dismemberment (AD&D) Benefit: \$10,000 Maximum amount  
Accident Medical Expense Benefit: \$250,000  
Deductible: \$250  
per accident  
Dental Maximum: \$250 per  
tooth/per accident  
Incurral Period: within 90 days of the date of the accident causing the Injury  
Benefit Payout Period: payable only for such charges incurred within 52 weeks after the date of the  
accident causing the Injury

### CRIME PROTECTION POLICY NUMBER 197008660 COMPANY: HCC

Crime / Employee Theft \$25,000  
Deductible \$500

### DIRECTORS & OFFICERS

Directors & Officers Limit \$1,000,000  
Retention \$1,000  
Aggregate Limit \$1,000,000

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
12/12/2019

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

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

<b>PRODUCER</b> <b>ESP INSURANCE BROKERAGE LLC</b> 306 Main Street Worcester, MA 01608	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): -      FAX (A/C, No):	
	<b>E-MAIL ADDRESS:</b>	
<b>INSURED</b> <b>FINGER LAKES YOUTH FOOTBALL AND CHEERLEADING LEAGUE INC</b> PO BOX 35 Lyons, NY 14489	<b>INSURER(S) AFFORDING COVERAGE</b>	
	INSURER A : Houston Casualty Company <b>NAIC # 42374</b>	
	INSURER B : AIG Insurance <b>19402</b>	
	INSURER C : Great American Ins Co. (IL)	
	INSURER D :	
	INSURER E :	


**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 INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$ <b>1,000,000</b>
							DAMAGE TO RENTED PREMISES (Ea occurrence)      \$ <b>300,000</b>
							MED EXP (Any one person)      \$
							PERSONAL & ADV INJURY      \$ <b>1,000,000</b>
							GENERAL AGGREGATE      \$ <b>5,000,000</b>
							PRODUCTS - COMP/OP AGG      \$ <b>5,000,000</b>
							\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)      \$
							BODILY INJURY (Per person)      \$
							BODILY INJURY (Per accident)      \$
							PROPERTY DAMAGE (Per accident)      \$
							\$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$ <b>1,000,000</b>
							AGGREGATE      \$ <b>1,000,000</b>
							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?    Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT      \$ E.L. DISEASE - EA EMPLOYEE      \$ E.L. DISEASE - POLICY LIMIT      \$
B	A&H			SRG0009133720	01/01/2020	01/01/2021	SEE REMARKS
C	D&O			EPP2452954	01/23/2020	01/23/2021	SEE REMARKS

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**THE CERTIFICATE HOLDER is added as an additional insured with respects to general liability coverage but only with respect to liability arising out of the operations of the named insureds league.**  
**Sexual Abuse / Molestation limits are as follows: \$1,000,000 EACH OCCURRENCE / \$2,000,000 AGGREGATE**  
**THIS POLICY DOES NOT EXCLUDE CONCUSSIONS**

(See Attached Descriptions)

<b>CERTIFICATE HOLDER</b>  KIDS TERRITORY 185 WEST BAYARD STREET Seneca Falls, NY 13148-0000	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  
--	--

## DESCRIPTIONS (Continued from Page 1)

### YOUTH PARTICIPANTS ACCIDENT & HEALTH COVERAGE

Accidental Death, Accidental Dismemberment (AD&D) Benefit: \$10,000 Maximum amount  
Accident Medical Expense Benefit: \$250,000  
Deductible: \$250  
per accident  
Dental Maximum: \$250 per  
tooth/per accident  
Incurral Period: within 90 days of the date of the accident causing the Injury  
Benefit Payout Period: payable only for such charges incurred within 52 weeks after the date of the  
accident causing the Injury

### CRIME PROTECTION POLICY NUMBER 197008660 COMPANY: HCC

Crime / Employee Theft \$25,000  
Deductible \$500

### DIRECTORS & OFFICERS

Directors & Officers Limit \$1,000,000  
Retention \$1,000  
Aggregate Limit \$1,000,000





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/12/2019

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

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

<b>PRODUCER</b> <b>ESP INSURANCE BROKERAGE LLC</b> 306 Main Street Worcester, MA 01608	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): -      FAX (A/C, No):	
	<b>E-MAIL ADDRESS:</b>	
<b>INSURED</b> <b>FINGER LAKES YOUTH FOOTBALL AND CHEERLEADING LEAGUE INC</b> PO BOX 35 Lyons, NY 14489	<b>INSURER(S) AFFORDING COVERAGE</b>	
	INSURER A : Houston Casualty Company	<b>NAIC #</b> <b>42374</b>
	INSURER B : AIG Insurance	<b>19402</b>
	INSURER C : Great American Ins Co. (IL)	
	INSURER D :	
	INSURER E :	


**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 INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>300,000</b> MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>5,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>5,000,000</b> \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE \$ <b>1,000,000</b> AGGREGATE \$ <b>1,000,000</b> \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	A&H			SRG0009133720	01/01/2020	01/01/2021	SEE REMARKS
C	D&O			EPP2452954	01/23/2020	01/23/2021	SEE REMARKS

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**THE CERTIFICATE HOLDER is added as an additional insured with respects to general liability coverage but only with respect to liability arising out of the operations of the named insureds league.**  
**Sexual Abuse / Molestation limits are as follows: \$1,000,000 EACH OCCURRENCE / \$2,000,000 AGGREGATE**  
**THIS POLICY DOES NOT EXCLUDE CONCUSSIONS**

(See Attached Descriptions)

<b>CERTIFICATE HOLDER</b>  <b>KINNEY DRUGS</b> 2085 US Route 20 Seneca Falls, NY 13148-0000	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  
---	--

## DESCRIPTIONS (Continued from Page 1)

### YOUTH PARTICIPANTS ACCIDENT & HEALTH COVERAGE

Accidental Death, Accidental Dismemberment (AD&D) Benefit: \$10,000 Maximum amount  
Accident Medical Expense Benefit: \$250,000  
Deductible: \$250  
per accident  
Dental Maximum: \$250 per  
tooth/per accident  
Incurral Period: within 90 days of the date of the accident causing the Injury  
Benefit Payout Period: payable only for such charges incurred within 52 weeks after the date of the  
accident causing the Injury

### CRIME PROTECTION POLICY NUMBER 197008660 COMPANY: HCC

Crime / Employee Theft \$25,000  
Deductible \$500

### DIRECTORS & OFFICERS

Directors & Officers Limit \$1,000,000  
Retention \$1,000  
Aggregate Limit \$1,000,000



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/12/2019

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

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

<b>PRODUCER</b> <b>ESP INSURANCE BROKERAGE LLC</b> 306 Main Street Worcester, MA 01608	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): -      FAX (A/C, No): E-MAIL ADDRESS:
	INSURER(S) AFFORDING COVERAGE      NAIC # INSURER A : Houston Casualty Company <b>42374</b> INSURER B : AIG Insurance <b>19402</b> INSURER C : Great American Ins Co. (IL) INSURER D : INSURER E : INSURER F :
<b>INSURED</b> <b>FINGER LAKES YOUTH FOOTBALL AND CHEERLEADING LEAGUE INC</b> PO BOX 35 Lyons, NY 14489	


**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 INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence)      \$ <b>300,000</b> MED EXP (Any one person)      \$ PERSONAL & ADV INJURY      \$ <b>1,000,000</b> GENERAL AGGREGATE      \$ <b>5,000,000</b> PRODUCTS - COMP/OP AGG      \$ <b>5,000,000</b> \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)      \$ BODILY INJURY (Per person)      \$ BODILY INJURY (Per accident)      \$ PROPERTY DAMAGE (Per accident)      \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$ <b>1,000,000</b> AGGREGATE      \$ <b>1,000,000</b> \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?    Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT      \$ E.L. DISEASE - EA EMPLOYEE      \$ E.L. DISEASE - POLICY LIMIT      \$
B	A&H			SRG0009133720	01/01/2020	01/01/2021	SEE REMARKS
C	D&O			EPP2452954	01/23/2020	01/23/2021	SEE REMARKS

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**THE CERTIFICATE HOLDER is added as an additional insured with respects to general liability coverage but only with respect to liability arising out of the operations of the named insureds league.**  
**Sexual Abuse / Molestation limits are as follows: \$1,000,000 EACH OCCURRENCE / \$2,000,000 AGGREGATE**  
**THIS POLICY DOES NOT EXCLUDE CONCUSSIONS**

(See Attached Descriptions)

<b>CERTIFICATE HOLDER</b> LOWE'S HOME IMPROVEMENT 4200 RECREATION DRIVE Canandaigua, NY 14424-0000	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
---	--

## DESCRIPTIONS (Continued from Page 1)

### YOUTH PARTICIPANTS ACCIDENT & HEALTH COVERAGE

Accidental Death, Accidental Dismemberment (AD&D) Benefit: \$10,000 Maximum amount  
Accident Medical Expense Benefit: \$250,000  
Deductible: \$250  
per accident  
Dental Maximum: \$250 per  
tooth/per accident  
Incurral Period: within 90 days of the date of the accident causing the Injury  
Benefit Payout Period: payable only for such charges incurred within 52 weeks after the date of the  
accident causing the Injury

### CRIME PROTECTION POLICY NUMBER 197008660 COMPANY: HCC

Crime / Employee Theft \$25,000  
Deductible \$500

### DIRECTORS & OFFICERS

Directors & Officers Limit \$1,000,000  
Retention \$1,000  
Aggregate Limit \$1,000,000

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
12/12/2019

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

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


<b>PRODUCER</b> <b>ESP INSURANCE BROKERAGE LLC</b> 306 Main Street Worcester, MA 01608	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): -      FAX (A/C, No):	
	<b>E-MAIL ADDRESS:</b>	
<b>INSURED</b> <b>FINGER LAKES YOUTH FOOTBALL AND CHEERLEADING LEAGUE INC</b> PO BOX 35 Lyons, NY 14489	<b>INSURER(S) AFFORDING COVERAGE</b>	
	INSURER A : Houston Casualty Company	<b>NAIC #</b> <b>42374</b>
	INSURER B : AIG Insurance	<b>19402</b>
	INSURER C : Great American Ins Co. (IL)	
	INSURER D :	
	INSURER E :	

**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 INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$ <b>1,000,000</b>
							DAMAGE TO RENTED PREMISES (Ea occurrence)      \$ <b>300,000</b>
							MED EXP (Any one person)      \$
							PERSONAL & ADV INJURY      \$ <b>1,000,000</b>
							GENERAL AGGREGATE      \$ <b>5,000,000</b>
							PRODUCTS - COMP/OP AGG      \$ <b>5,000,000</b>
							\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)      \$
							BODILY INJURY (Per person)      \$
							BODILY INJURY (Per accident)      \$
							PROPERTY DAMAGE (Per accident)      \$
							\$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$ <b>1,000,000</b>
							AGGREGATE      \$ <b>1,000,000</b>
							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?    Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT      \$ E.L. DISEASE - EA EMPLOYEE      \$ E.L. DISEASE - POLICY LIMIT      \$
B	A&H			SRG0009133720	01/01/2020	01/01/2021	SEE REMARKS
C	D&O			EPP2452954	01/23/2020	01/23/2021	SEE REMARKS

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**THE CERTIFICATE HOLDER is added as an additional insured with respects to general liability coverage but only with respect to liability arising out of the operations of the named insureds league.**  
**Sexual Abuse / Molestation limits are as follows: \$1,000,000 EACH OCCURRENCE / \$2,000,000 AGGREGATE**  
**THIS POLICY DOES NOT EXCLUDE CONCUSSIONS**  
 (See Attached Descriptions)

<b>CERTIFICATE HOLDER</b>  LYONS COMMUNITY CENTER 9 MANHATTAN STREET Lyons, NY 14489-0000	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
---	--

## DESCRIPTIONS (Continued from Page 1)

### YOUTH PARTICIPANTS ACCIDENT & HEALTH COVERAGE

Accidental Death, Accidental Dismemberment (AD&D) Benefit: \$10,000 Maximum amount  
Accident Medical Expense Benefit: \$250,000  
Deductible: \$250  
per accident  
Dental Maximum: \$250 per  
tooth/per accident  
Incurral Period: within 90 days of the date of the accident causing the Injury  
Benefit Payout Period: payable only for such charges incurred within 52 weeks after the date of the  
accident causing the Injury

### CRIME PROTECTION POLICY NUMBER 197008660 COMPANY: HCC

Crime / Employee Theft \$25,000  
Deductible \$500

### DIRECTORS & OFFICERS

Directors & Officers Limit \$1,000,000  
Retention \$1,000  
Aggregate Limit \$1,000,000

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
12/12/2019

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

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


<b>PRODUCER</b> <b>ESP INSURANCE BROKERAGE LLC</b> 306 Main Street Worcester, MA 01608	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): -      FAX (A/C, No):	
	<b>E-MAIL ADDRESS:</b>	
<b>INSURED</b> <b>FINGER LAKES YOUTH FOOTBALL AND CHEERLEADING LEAGUE INC</b> PO BOX 35 Lyons, NY 14489	<b>INSURER(S) AFFORDING COVERAGE</b>	
	INSURER A : Houston Casualty Company <b>NAIC # 42374</b>	
	INSURER B : AIG Insurance <b>19402</b>	
	INSURER C : Great American Ins Co. (IL)	
	INSURER D :	
	INSURER E :	

**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 INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$ <b>1,000,000</b>
							DAMAGE TO RENTED PREMISES (Ea occurrence)      \$ <b>300,000</b>
							MED EXP (Any one person)      \$
							PERSONAL & ADV INJURY      \$ <b>1,000,000</b>
							GENERAL AGGREGATE      \$ <b>5,000,000</b>
							PRODUCTS - COMP/OP AGG      \$ <b>5,000,000</b>
							\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)      \$
							BODILY INJURY (Per person)      \$
							BODILY INJURY (Per accident)      \$
							PROPERTY DAMAGE (Per accident)      \$
							\$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$ <b>1,000,000</b>
							AGGREGATE      \$ <b>1,000,000</b>
							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?    Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE      OTH-ER
							E.L. EACH ACCIDENT      \$
							E.L. DISEASE - EA EMPLOYEE      \$
							E.L. DISEASE - POLICY LIMIT      \$
B	A&H			SRG0009133720	01/01/2020	01/01/2021	<b>SEE REMARKS</b>
C	D&O			EPP2452954	01/23/2020	01/23/2021	<b>SEE REMARKS</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**THE CERTIFICATE HOLDER is added as an additional insured with respects to general liability coverage but only with respect to liability arising out of the operations of the named insureds league.**  
**Sexual Abuse / Molestation limits are as follows: \$1,000,000 EACH OCCURRENCE / \$2,000,000 AGGREGATE**  
**THIS POLICY DOES NOT EXCLUDE CONCUSSIONS**  
 (See Attached Descriptions)

<b>CERTIFICATE HOLDER</b>  LYONS ELEMENTARY SCHOOL 98 WILLIAMS STREET Lyons, NY 14489-0000	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
--	--

## DESCRIPTIONS (Continued from Page 1)

### YOUTH PARTICIPANTS ACCIDENT & HEALTH COVERAGE

Accidental Death, Accidental Dismemberment (AD&D) Benefit: \$10,000 Maximum amount  
Accident Medical Expense Benefit: \$250,000  
Deductible: \$250  
per accident  
Dental Maximum: \$250 per  
tooth/per accident  
Incurral Period: within 90 days of the date of the accident causing the Injury  
Benefit Payout Period: payable only for such charges incurred within 52 weeks after the date of the  
accident causing the Injury

### CRIME PROTECTION POLICY NUMBER 197008660 COMPANY: HCC

Crime / Employee Theft \$25,000  
Deductible \$500

### DIRECTORS & OFFICERS

Directors & Officers Limit \$1,000,000  
Retention \$1,000  
Aggregate Limit \$1,000,000



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

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

<b>PRODUCER</b> <b>ESP INSURANCE BROKERAGE LLC</b> 306 Main Street Worcester, MA 01608	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): -      FAX (A/C, No):	
	<b>E-MAIL ADDRESS:</b>	
<b>INSURED</b> <b>FINGER LAKES YOUTH FOOTBALL AND CHEERLEADING LEAGUE INC</b> PO BOX 35 Lyons, NY 14489	<b>INSURER(S) AFFORDING COVERAGE</b>	
	INSURER A : Houston Casualty Company	<b>NAIC #</b> <b>42374</b>
	INSURER B : AIG Insurance	<b>19402</b>
	INSURER C : Great American Ins Co. (IL)	
	INSURER D :	
	INSURER E :	


**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 INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$ <b>1,000,000</b>
							DAMAGE TO RENTED PREMISES (Ea occurrence)      \$ <b>300,000</b>
							MED EXP (Any one person)      \$
							PERSONAL & ADV INJURY      \$ <b>1,000,000</b>
							GENERAL AGGREGATE      \$ <b>5,000,000</b>
							PRODUCTS - COMP/OP AGG      \$ <b>5,000,000</b>
							\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)      \$ BODILY INJURY (Per person)      \$ BODILY INJURY (Per accident)      \$ PROPERTY DAMAGE (Per accident)      \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$ <b>1,000,000</b>
							AGGREGATE      \$ <b>1,000,000</b>
							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?    Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT      \$ E.L. DISEASE - EA EMPLOYEE      \$ E.L. DISEASE - POLICY LIMIT      \$
B	A&H			SRG0009133720	01/01/2020	01/01/2021	SEE REMARKS
C	D&O			EPP2452954	01/23/2020	01/23/2021	SEE REMARKS

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**THE CERTIFICATE HOLDER is added as an additional insured with respects to general liability coverage but only with respect to liability arising out of the operations of the named insureds league.**  
**Sexual Abuse / Molestation limits are as follows: \$1,000,000 EACH OCCURRENCE / \$2,000,000 AGGREGATE**  
**THIS POLICY DOES NOT EXCLUDE CONCUSSIONS**

(See Attached Descriptions)

<b>CERTIFICATE HOLDER</b>  LYONS JR/SR HIGH SCHOOL 10 CLYDE ROAD Lyons, NY 14489-0000	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  
---	--

## DESCRIPTIONS (Continued from Page 1)

### YOUTH PARTICIPANTS ACCIDENT & HEALTH COVERAGE

Accidental Death, Accidental Dismemberment (AD&D) Benefit: \$10,000 Maximum amount  
Accident Medical Expense Benefit: \$250,000  
Deductible: \$250  
per accident  
Dental Maximum: \$250 per  
tooth/per accident  
Incurral Period: within 90 days of the date of the accident causing the Injury  
Benefit Payout Period: payable only for such charges incurred within 52 weeks after the date of the  
accident causing the Injury

### CRIME PROTECTION POLICY NUMBER 197008660 COMPANY: HCC

Crime / Employee Theft \$25,000  
Deductible \$500

### DIRECTORS & OFFICERS

Directors & Officers Limit \$1,000,000  
Retention \$1,000  
Aggregate Limit \$1,000,000

**CERTIFICATE OF LIABILITY INSURANCE**

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

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


<b>PRODUCER</b> <b>ESP INSURANCE BROKERAGE LLC</b> 306 Main Street Worcester, MA 01608	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): -      FAX (A/C, No): E-MAIL ADDRESS:
	INSURER(S) AFFORDING COVERAGE      NAIC # INSURER A : Houston Casualty Company <b>42374</b> INSURER B : AIG Insurance <b>19402</b> INSURER C : Great American Ins Co. (IL) INSURER D : INSURER E : INSURER F :
<b>INSURED</b> <b>FINGER LAKES YOUTH FOOTBALL AND CHEERLEADING LEAGUE INC</b> PO BOX 35 Lyons, NY 14489	

**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 INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>A</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<b>X</b>		<b>197008660</b>	<b>01/01/2020</b>	<b>01/01/2021</b>	EACH OCCURRENCE <b>\$1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) <b>\$300,000</b> MED EXP (Any one person)      \$ PERSONAL & ADV INJURY <b>\$1,000,000</b> GENERAL AGGREGATE <b>\$5,000,000</b> PRODUCTS - COMP/OP AGG <b>\$5,000,000</b> \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)      \$ BODILY INJURY (Per person)      \$ BODILY INJURY (Per accident)      \$ PROPERTY DAMAGE (Per accident)      \$ \$
<b>A</b>	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$	<b>X</b>		<b>197008660</b>	<b>01/01/2020</b>	<b>01/01/2021</b>	EACH OCCURRENCE <b>\$1,000,000</b> AGGREGATE <b>\$1,000,000</b> \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?    Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		<b>N/A</b>				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT      \$ E.L. DISEASE - EA EMPLOYEE      \$ E.L. DISEASE - POLICY LIMIT      \$
<b>B</b>	<b>A&amp;H</b>			<b>SRG0009133720</b>	<b>01/01/2020</b>	<b>01/01/2021</b>	<b>SEE REMARKS</b>
<b>C</b>	<b>D&amp;O</b>			<b>EPP2452954</b>	<b>01/23/2020</b>	<b>01/23/2021</b>	<b>SEE REMARKS</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**THE CERTIFICATE HOLDER is added as an additional insured with respects to general liability coverage but only with respect to liability arising out of the operations of the named insureds league.**  
**Sexual Abuse / Molestation limits are as follows: \$1,000,000 EACH OCCURRENCE / \$2,000,000 AGGREGATE**  
**THIS POLICY DOES NOT EXCLUDE CONCUSSIONS**  
**(See Attached Descriptions)**

<b>CERTIFICATE HOLDER</b> MANCHESTER-SHORTSVILLE CENTRAL SCHOOL 1506 STATE ROUTE 21, #2 Shortsville, NY 14548-0000	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
---	--

## DESCRIPTIONS (Continued from Page 1)

### YOUTH PARTICIPANTS ACCIDENT & HEALTH COVERAGE

Accidental Death, Accidental Dismemberment (AD&D) Benefit: \$10,000 Maximum amount  
Accident Medical Expense Benefit: \$250,000  
Deductible: \$250  
per accident  
Dental Maximum: \$250 per  
tooth/per accident  
Incurral Period: within 90 days of the date of the accident causing the Injury  
Benefit Payout Period: payable only for such charges incurred within 52 weeks after the date of the  
accident causing the Injury

### CRIME PROTECTION POLICY NUMBER 197008660 COMPANY: HCC

Crime / Employee Theft \$25,000  
Deductible \$500

### DIRECTORS & OFFICERS

Directors & Officers Limit \$1,000,000  
Retention \$1,000  
Aggregate Limit \$1,000,000

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
12/12/2019

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

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

<b>PRODUCER</b> <b>ESP INSURANCE BROKERAGE LLC</b> 306 Main Street Worcester, MA 01608	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): -      FAX (A/C, No):	
	<b>E-MAIL ADDRESS:</b>	
<b>INSURED</b> <b>FINGER LAKES YOUTH FOOTBALL AND CHEERLEADING LEAGUE INC</b> PO BOX 35 Lyons, NY 14489	<b>INSURER(S) AFFORDING COVERAGE</b>	
	INSURER A : Houston Casualty Company	<b>NAIC #</b> <b>42374</b>
	INSURER B : AIG Insurance	<b>19402</b>
	INSURER C : Great American Ins Co. (IL)	
	INSURER D :	
	INSURER E :	


**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 INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>300,000</b> MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>5,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>5,000,000</b> \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE \$ <b>1,000,000</b> AGGREGATE \$ <b>1,000,000</b> \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	A&H			SRG0009133720	01/01/2020	01/01/2021	SEE REMARKS
C	D&O			EPP2452954	01/23/2020	01/23/2021	SEE REMARKS

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**THE CERTIFICATE HOLDER is added as an additional insured with respects to general liability coverage but only with respect to liability arising out of the operations of the named insureds league.**  
**Sexual Abuse / Molestation limits are as follows: \$1,000,000 EACH OCCURRENCE / \$2,000,000 AGGREGATE**  
**THIS POLICY DOES NOT EXCLUDE CONCUSSIONS**

(See Attached Descriptions)

<b>CERTIFICATE HOLDER</b> MARCUS WHITMAN - GORHAM ELEMENTARY 2705 ROUTE 245 Stanley, NY 14561-0000	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
--	--

## DESCRIPTIONS (Continued from Page 1)

### YOUTH PARTICIPANTS ACCIDENT & HEALTH COVERAGE

Accidental Death, Accidental Dismemberment (AD&D) Benefit: \$10,000 Maximum amount  
Accident Medical Expense Benefit: \$250,000  
Deductible: \$250  
per accident  
Dental Maximum: \$250 per  
tooth/per accident  
Incurral Period: within 90 days of the date of the accident causing the Injury  
Benefit Payout Period: payable only for such charges incurred within 52 weeks after the date of the  
accident causing the Injury

### CRIME PROTECTION POLICY NUMBER 197008660 COMPANY: HCC

Crime / Employee Theft \$25,000  
Deductible \$500

### DIRECTORS & OFFICERS

Directors & Officers Limit \$1,000,000  
Retention \$1,000  
Aggregate Limit \$1,000,000

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
12/12/2019

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

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

<b>PRODUCER</b> <b>ESP INSURANCE BROKERAGE LLC</b> 306 Main Street Worcester, MA 01608	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): -      FAX (A/C, No): E-MAIL ADDRESS:
	INSURER(S) AFFORDING COVERAGE      NAIC # INSURER A : Houston Casualty Company <b>42374</b> INSURER B : AIG Insurance <b>19402</b> INSURER C : Great American Ins Co. (IL) INSURER D : INSURER E : INSURER F :
<b>INSURED</b> <b>FINGER LAKES YOUTH FOOTBALL AND CHEERLEADING LEAGUE INC</b> PO BOX 35 Lyons, NY 14489	


**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 INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>A</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<b>X</b>		<b>197008660</b>	<b>01/01/2020</b>	<b>01/01/2021</b>	EACH OCCURRENCE      \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence)      \$ <b>300,000</b> MED EXP (Any one person)      \$ PERSONAL & ADV INJURY      \$ <b>1,000,000</b> GENERAL AGGREGATE      \$ <b>5,000,000</b> PRODUCTS - COMP/OP AGG      \$ <b>5,000,000</b> \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)      \$ BODILY INJURY (Per person)      \$ BODILY INJURY (Per accident)      \$ PROPERTY DAMAGE (Per accident)      \$ \$
<b>A</b>	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$	<b>X</b>		<b>197008660</b>	<b>01/01/2020</b>	<b>01/01/2021</b>	EACH OCCURRENCE      \$ <b>1,000,000</b> AGGREGATE      \$ <b>1,000,000</b> \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?    Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		<b>N/A</b>				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT      \$ E.L. DISEASE - EA EMPLOYEE      \$ E.L. DISEASE - POLICY LIMIT      \$
<b>B</b>	<b>A&amp;H</b>			<b>SRG0009133720</b>	<b>01/01/2020</b>	<b>01/01/2021</b>	<b>SEE REMARKS</b>
<b>C</b>	<b>D&amp;O</b>			<b>EPP2452954</b>	<b>01/23/2020</b>	<b>01/23/2021</b>	<b>SEE REMARKS</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**THE CERTIFICATE HOLDER is added as an additional insured with respects to general liability coverage but only with respect to liability arising out of the operations of the named insureds league.**  
**Sexual Abuse / Molestation limits are as follows: \$1,000,000 EACH OCCURRENCE / \$2,000,000 AGGREGATE**  
**THIS POLICY DOES NOT EXCLUDE CONCUSSIONS**

(See Attached Descriptions)

<b>CERTIFICATE HOLDER</b> MARCUS WHITMAN -MIDDLESEX VALLEY 149 STATE ROAD 245 Rushville, NY 14544-0000	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
---	--

## DESCRIPTIONS (Continued from Page 1)

### YOUTH PARTICIPANTS ACCIDENT & HEALTH COVERAGE

Accidental Death, Accidental Dismemberment (AD&D) Benefit: \$10,000 Maximum amount  
Accident Medical Expense Benefit: \$250,000  
Deductible: \$250  
per accident  
Dental Maximum: \$250 per  
tooth/per accident  
Incurral Period: within 90 days of the date of the accident causing the Injury  
Benefit Payout Period: payable only for such charges incurred within 52 weeks after the date of the  
accident causing the Injury

### CRIME PROTECTION POLICY NUMBER 197008660 COMPANY: HCC

Crime / Employee Theft \$25,000  
Deductible \$500

### DIRECTORS & OFFICERS

Directors & Officers Limit \$1,000,000  
Retention \$1,000  
Aggregate Limit \$1,000,000



**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
12/12/2019

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

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

<b>PRODUCER</b> <b>ESP INSURANCE BROKERAGE LLC</b> 306 Main Street Worcester, MA 01608	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): -      FAX (A/C, No): E-MAIL ADDRESS:
	INSURER(S) AFFORDING COVERAGE      NAIC # INSURER A : Houston Casualty Company <b>42374</b> INSURER B : AIG Insurance <b>19402</b> INSURER C : Great American Ins Co. (IL) INSURER D : INSURER E : INSURER F :
<b>INSURED</b> <b>FINGER LAKES YOUTH FOOTBALL AND CHEERLEADING LEAGUE INC</b> PO BOX 35 Lyons, NY 14489	


**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 INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>A</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>		<b>197008660</b>	<b>01/01/2020</b>	<b>01/01/2021</b>	EACH OCCURRENCE      \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence)      \$ <b>300,000</b> MED EXP (Any one person)      \$ PERSONAL & ADV INJURY      \$ <b>1,000,000</b> GENERAL AGGREGATE      \$ <b>5,000,000</b> PRODUCTS - COMP/OP AGG      \$ <b>5,000,000</b> \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)      \$ BODILY INJURY (Per person)      \$ BODILY INJURY (Per accident)      \$ PROPERTY DAMAGE (Per accident)      \$ \$
<b>A</b>	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$	<input checked="" type="checkbox"/>		<b>197008660</b>	<b>01/01/2020</b>	<b>01/01/2021</b>	EACH OCCURRENCE      \$ <b>1,000,000</b> AGGREGATE      \$ <b>1,000,000</b> \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?    Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT      \$ E.L. DISEASE - EA EMPLOYEE      \$ E.L. DISEASE - POLICY LIMIT      \$
<b>B</b>	<b>A&amp;H</b>			<b>SRG0009133720</b>	<b>01/01/2020</b>	<b>01/01/2021</b>	<b>SEE REMARKS</b>
<b>C</b>	<b>D&amp;O</b>			<b>EPP2452954</b>	<b>01/23/2020</b>	<b>01/23/2021</b>	<b>SEE REMARKS</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**THE CERTIFICATE HOLDER is added as an additional insured with respects to general liability coverage but only with respect to liability arising out of the operations of the named insureds league.**  
**Sexual Abuse / Molestation limits are as follows: \$1,000,000 EACH OCCURRENCE / \$2,000,000 AGGREGATE**  
**THIS POLICY DOES NOT EXCLUDE CONCUSSIONS**

(See Attached Descriptions)

<b>CERTIFICATE HOLDER</b> MARCUS WHITMAN CENTRAL SCHOOL DISTRICT 4100 BALDWIN ROAD Rushville, NY 14544-0000	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
--	--

## DESCRIPTIONS (Continued from Page 1)

### YOUTH PARTICIPANTS ACCIDENT & HEALTH COVERAGE

Accidental Death, Accidental Dismemberment (AD&D) Benefit: \$10,000 Maximum amount  
Accident Medical Expense Benefit: \$250,000  
Deductible: \$250  
per accident  
Dental Maximum: \$250 per  
tooth/per accident  
Incurral Period: within 90 days of the date of the accident causing the Injury  
Benefit Payout Period: payable only for such charges incurred within 52 weeks after the date of the  
accident causing the Injury

### CRIME PROTECTION POLICY NUMBER 197008660 COMPANY: HCC

Crime / Employee Theft \$25,000  
Deductible \$500

### DIRECTORS & OFFICERS

Directors & Officers Limit \$1,000,000  
Retention \$1,000  
Aggregate Limit \$1,000,000

**CERTIFICATE OF LIABILITY INSURANCE**

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

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

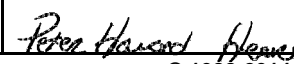
<b>PRODUCER</b> <b>ESP INSURANCE BROKERAGE LLC</b> 306 Main Street Worcester, MA 01608	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): -      FAX (A/C, No): E-MAIL ADDRESS:
	INSURER(S) AFFORDING COVERAGE      NAIC # INSURER A : Houston Casualty Company <b>42374</b> INSURER B : AIG Insurance <b>19402</b> INSURER C : Great American Ins Co. (IL) INSURER D : INSURER E : INSURER F :
<b>INSURED</b> <b>FINGER LAKES YOUTH FOOTBALL AND CHEERLEADING LEAGUE INC</b> PO BOX 35 Lyons, NY 14489	

**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 INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>A</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>		<b>197008660</b>	<b>01/01/2020</b>	<b>01/01/2021</b>	EACH OCCURRENCE      \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence)      \$ <b>300,000</b> MED EXP (Any one person)      \$ PERSONAL & ADV INJURY      \$ <b>1,000,000</b> GENERAL AGGREGATE      \$ <b>5,000,000</b> PRODUCTS - COMP/OP AGG      \$ <b>5,000,000</b> \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)      \$ BODILY INJURY (Per person)      \$ BODILY INJURY (Per accident)      \$ PROPERTY DAMAGE (Per accident)      \$ \$
<b>A</b>	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$	<input checked="" type="checkbox"/>		<b>197008660</b>	<b>01/01/2020</b>	<b>01/01/2021</b>	EACH OCCURRENCE      \$ <b>1,000,000</b> AGGREGATE      \$ <b>1,000,000</b> \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?    Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT      \$ E.L. DISEASE - EA EMPLOYEE      \$ E.L. DISEASE - POLICY LIMIT      \$
<b>B</b>	<b>A&amp;H</b>			<b>SRG0009133720</b>	<b>01/01/2020</b>	<b>01/01/2021</b>	<b>SEE REMARKS</b>
<b>C</b>	<b>D&amp;O</b>			<b>EPP2452954</b>	<b>01/23/2020</b>	<b>01/23/2021</b>	<b>SEE REMARKS</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**THE CERTIFICATE HOLDER is added as an additional insured with respects to general liability coverage but only with respect to liability arising out of the operations of the named insureds league.**  
**Sexual Abuse / Molestation limits are as follows: \$1,000,000 EACH OCCURRENCE / \$2,000,000 AGGREGATE**  
**THIS POLICY DOES NOT EXCLUDE CONCUSSIONS**  
**(See Attached Descriptions)**

<b>CERTIFICATE HOLDER</b> MARCUS WHITMAN CENTRAL SCHOOL DISTRICT ATTN.- GIL JACKSON, ATHLETIC DIRECTOR Rushville, NY 14544-0000	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
--	--

## DESCRIPTIONS (Continued from Page 1)

### YOUTH PARTICIPANTS ACCIDENT & HEALTH COVERAGE

Accidental Death, Accidental Dismemberment (AD&D) Benefit: \$10,000 Maximum amount  
Accident Medical Expense Benefit: \$250,000  
Deductible: \$250  
per accident  
Dental Maximum: \$250 per  
tooth/per accident  
Incurral Period: within 90 days of the date of the accident causing the Injury  
Benefit Payout Period: payable only for such charges incurred within 52 weeks after the date of the  
accident causing the Injury

### CRIME PROTECTION POLICY NUMBER 197008660 COMPANY: HCC

Crime / Employee Theft \$25,000  
Deductible \$500

### DIRECTORS & OFFICERS

Directors & Officers Limit \$1,000,000  
Retention \$1,000  
Aggregate Limit \$1,000,000

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

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

<b>PRODUCER</b> <b>ESP INSURANCE BROKERAGE LLC</b> 306 Main Street Worcester, MA 01608	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): -      FAX (A/C, No): E-MAIL ADDRESS:
	INSURER(S) AFFORDING COVERAGE      NAIC # INSURER A : Houston Casualty Company <b>42374</b> INSURER B : AIG Insurance <b>19402</b> INSURER C : Great American Ins Co. (IL) INSURER D : INSURER E : INSURER F :
<b>INSURED</b> <b>FINGER LAKES YOUTH FOOTBALL AND CHEERLEADING LEAGUE INC</b> PO BOX 35 Lyons, NY 14489	

**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 INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>A</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<b>X</b>		<b>197008660</b>	<b>01/01/2020</b>	<b>01/01/2021</b>	EACH OCCURRENCE      \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence)      \$ <b>300,000</b> MED EXP (Any one person)      \$ PERSONAL & ADV INJURY      \$ <b>1,000,000</b> GENERAL AGGREGATE      \$ <b>5,000,000</b> PRODUCTS - COMP/OP AGG      \$ <b>5,000,000</b> \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)      \$ BODILY INJURY (Per person)      \$ BODILY INJURY (Per accident)      \$ PROPERTY DAMAGE (Per accident)      \$ \$
<b>A</b>	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$	<b>X</b>		<b>197008660</b>	<b>01/01/2020</b>	<b>01/01/2021</b>	EACH OCCURRENCE      \$ <b>1,000,000</b> AGGREGATE      \$ <b>1,000,000</b> \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?    Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		<b>N/A</b>				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT      \$ E.L. DISEASE - EA EMPLOYEE      \$ E.L. DISEASE - POLICY LIMIT      \$
<b>B</b>	<b>A&amp;H</b>			<b>SRG0009133720</b>	<b>01/01/2020</b>	<b>01/01/2021</b>	<b>SEE REMARKS</b>
<b>C</b>	<b>D&amp;O</b>			<b>EPP2452954</b>	<b>01/23/2020</b>	<b>01/23/2021</b>	<b>SEE REMARKS</b>

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

**THE CERTIFICATE HOLDER is added as an additional insured with respects to general liability coverage but only with respect to liability arising out of the operations of the named insureds league.**  
**Sexual Abuse / Molestation limits are as follows: \$1,000,000 EACH OCCURRENCE / \$2,000,000 AGGREGATE**  
**THIS POLICY DOES NOT EXCLUDE CONCUSSIONS**

(See Attached Descriptions)

<b>CERTIFICATE HOLDER</b> MARCUS WHITMAN JUNIOR WILDCATS P.O. BOX 534 Rushville, NY 14544-0000	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
---	--

## DESCRIPTIONS (Continued from Page 1)

### YOUTH PARTICIPANTS ACCIDENT & HEALTH COVERAGE

Accidental Death, Accidental Dismemberment (AD&D) Benefit: \$10,000 Maximum amount  
Accident Medical Expense Benefit: \$250,000  
Deductible: \$250  
per accident  
Dental Maximum: \$250 per  
tooth/per accident  
Incurral Period: within 90 days of the date of the accident causing the Injury  
Benefit Payout Period: payable only for such charges incurred within 52 weeks after the date of the  
accident causing the Injury

### CRIME PROTECTION POLICY NUMBER 197008660 COMPANY: HCC

Crime / Employee Theft \$25,000  
Deductible \$500

### DIRECTORS & OFFICERS

Directors & Officers Limit \$1,000,000  
Retention \$1,000  
Aggregate Limit \$1,000,000

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
12/12/2019

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

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

<b>PRODUCER</b> <b>ESP INSURANCE BROKERAGE LLC</b> 306 Main Street Worcester, MA 01608	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): -      FAX (A/C, No):	
	<b>E-MAIL ADDRESS:</b>	
<b>INSURED</b> <b>FINGER LAKES YOUTH FOOTBALL AND CHEERLEADING LEAGUE INC</b> PO BOX 35 Lyons, NY 14489	<b>INSURER(S) AFFORDING COVERAGE</b>	
	INSURER A : Houston Casualty Company	<b>NAIC #</b> <b>42374</b>
	INSURER B : AIG Insurance	<b>19402</b>
	INSURER C : Great American Ins Co. (IL)	
	INSURER D :	
	INSURER E :	


**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 INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>300,000</b> MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>5,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>5,000,000</b> \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE \$ <b>1,000,000</b> AGGREGATE \$ <b>1,000,000</b> \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	A&H			SRG0009133720	01/01/2020	01/01/2021	SEE REMARKS
C	D&O			EPP2452954	01/23/2020	01/23/2021	SEE REMARKS

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**THE CERTIFICATE HOLDER is added as an additional insured with respects to general liability coverage but only with respect to liability arising out of the operations of the named insureds league.**  
**Sexual Abuse / Molestation limits are as follows: \$1,000,000 EACH OCCURRENCE / \$2,000,000 AGGREGATE**  
**THIS POLICY DOES NOT EXCLUDE CONCUSSIONS**

(See Attached Descriptions)

<b>CERTIFICATE HOLDER</b> MARCUS WHITMAN ONTARIO/COUNTY FAIRGROUNDS 2820 COUNTY ROAD 10 Canandaigua, NY 14424-0000	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
---	--

## DESCRIPTIONS (Continued from Page 1)

### YOUTH PARTICIPANTS ACCIDENT & HEALTH COVERAGE

Accidental Death, Accidental Dismemberment (AD&D) Benefit: \$10,000 Maximum amount  
Accident Medical Expense Benefit: \$250,000  
Deductible: \$250  
per accident  
Dental Maximum: \$250 per  
tooth/per accident  
Incurral Period: within 90 days of the date of the accident causing the Injury  
Benefit Payout Period: payable only for such charges incurred within 52 weeks after the date of the  
accident causing the Injury

### CRIME PROTECTION POLICY NUMBER 197008660 COMPANY: HCC

Crime / Employee Theft \$25,000  
Deductible \$500

### DIRECTORS & OFFICERS

Directors & Officers Limit \$1,000,000  
Retention \$1,000  
Aggregate Limit \$1,000,000



**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
12/12/2019

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

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

<b>PRODUCER</b> <b>ESP INSURANCE BROKERAGE LLC</b> 306 Main Street Worcester, MA 01608	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): -      FAX (A/C, No):	
	<b>E-MAIL ADDRESS:</b>	
<b>INSURED</b> <b>FINGER LAKES YOUTH FOOTBALL AND CHEERLEADING LEAGUE INC</b> PO BOX 35 Lyons, NY 14489	<b>INSURER(S) AFFORDING COVERAGE</b>	
	INSURER A : Houston Casualty Company <b>NAIC # 42374</b>	
	INSURER B : AIG Insurance <b>19402</b>	
	INSURER C : Great American Ins Co. (IL)	
	INSURER D :	
	INSURER E :	


**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 INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence)      \$ <b>300,000</b> MED EXP (Any one person)      \$ PERSONAL & ADV INJURY      \$ <b>1,000,000</b> GENERAL AGGREGATE      \$ <b>5,000,000</b> PRODUCTS - COMP/OP AGG      \$ <b>5,000,000</b> \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)      \$ BODILY INJURY (Per person)      \$ BODILY INJURY (Per accident)      \$ PROPERTY DAMAGE (Per accident)      \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$ <b>1,000,000</b> AGGREGATE      \$ <b>1,000,000</b> \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?    Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT      \$ E.L. DISEASE - EA EMPLOYEE      \$ E.L. DISEASE - POLICY LIMIT      \$
B	A&H			SRG0009133720	01/01/2020	01/01/2021	SEE REMARKS
C	D&O			EPP2452954	01/23/2020	01/23/2021	SEE REMARKS

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**THE CERTIFICATE HOLDER is added as an additional insured with respects to general liability coverage but only with respect to liability arising out of the operations of the named insureds league.**  
**Sexual Abuse / Molestation limits are as follows: \$1,000,000 EACH OCCURRENCE / \$2,000,000 AGGREGATE**  
**THIS POLICY DOES NOT EXCLUDE CONCUSSIONS**

(See Attached Descriptions)

<b>CERTIFICATE HOLDER</b> MC DONALD'S FAMILY RESTAURANT PARKWAY PLAZA- EASTERN BOULEVARD Canandaigua, NY 14424-0000	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
--	--

## DESCRIPTIONS (Continued from Page 1)

### YOUTH PARTICIPANTS ACCIDENT & HEALTH COVERAGE

Accidental Death, Accidental Dismemberment (AD&D) Benefit: \$10,000 Maximum amount  
Accident Medical Expense Benefit: \$250,000  
Deductible: \$250  
per accident  
Dental Maximum: \$250 per  
tooth/per accident  
Incurral Period: within 90 days of the date of the accident causing the Injury  
Benefit Payout Period: payable only for such charges incurred within 52 weeks after the date of the  
accident causing the Injury

### CRIME PROTECTION POLICY NUMBER 197008660 COMPANY: HCC

Crime / Employee Theft \$25,000  
Deductible \$500

### DIRECTORS & OFFICERS

Directors & Officers Limit \$1,000,000  
Retention \$1,000  
Aggregate Limit \$1,000,000

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
12/12/2019

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

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

<b>PRODUCER</b> <b>ESP INSURANCE BROKERAGE LLC</b> 306 Main Street Worcester, MA 01608	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): -      FAX (A/C, No):	
	<b>E-MAIL ADDRESS:</b>	
<b>INSURED</b> <b>FINGER LAKES YOUTH FOOTBALL AND CHEERLEADING LEAGUE INC</b> PO BOX 35 Lyons, NY 14489	<b>INSURER(S) AFFORDING COVERAGE</b>	
	INSURER A : Houston Casualty Company	<b>NAIC #</b> <b>42374</b>
	INSURER B : AIG Insurance	<b>19402</b>
	INSURER C : Great American Ins Co. (IL)	
	INSURER D :	
	INSURER E :	


**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 INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$ <b>1,000,000</b>
							DAMAGE TO RENTED PREMISES (Ea occurrence)      \$ <b>300,000</b>
							MED EXP (Any one person)      \$
							PERSONAL & ADV INJURY      \$ <b>1,000,000</b>
							GENERAL AGGREGATE      \$ <b>5,000,000</b>
							PRODUCTS - COMP/OP AGG      \$ <b>5,000,000</b>
							\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)      \$ BODILY INJURY (Per person)      \$ BODILY INJURY (Per accident)      \$ PROPERTY DAMAGE (Per accident)      \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$ <b>1,000,000</b>
							AGGREGATE      \$ <b>1,000,000</b>
							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?    Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT      \$ E.L. DISEASE - EA EMPLOYEE      \$ E.L. DISEASE - POLICY LIMIT      \$
B	A&H			SRG0009133720	01/01/2020	01/01/2021	SEE REMARKS
C	D&O			EPP2452954	01/23/2020	01/23/2021	SEE REMARKS

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**THE CERTIFICATE HOLDER is added as an additional insured with respects to general liability coverage but only with respect to liability arising out of the operations of the named insureds league.**  
**Sexual Abuse / Molestation limits are as follows: \$1,000,000 EACH OCCURRENCE / \$2,000,000 AGGREGATE**  
**THIS POLICY DOES NOT EXCLUDE CONCUSSIONS**

(See Attached Descriptions)

<b>CERTIFICATE HOLDER</b>  <b>MOOSE CLUB</b> 301 ELM STREET Penn Yan, NY 14527-0000	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  
---	--

## DESCRIPTIONS (Continued from Page 1)

### YOUTH PARTICIPANTS ACCIDENT & HEALTH COVERAGE

Accidental Death, Accidental Dismemberment (AD&D) Benefit: \$10,000 Maximum amount  
Accident Medical Expense Benefit: \$250,000  
Deductible: \$250  
per accident  
Dental Maximum: \$250 per  
tooth/per accident  
Incurral Period: within 90 days of the date of the accident causing the Injury  
Benefit Payout Period: payable only for such charges incurred within 52 weeks after the date of the  
accident causing the Injury

### CRIME PROTECTION POLICY NUMBER 197008660 COMPANY: HCC

Crime / Employee Theft \$25,000  
Deductible \$500

### DIRECTORS & OFFICERS

Directors & Officers Limit \$1,000,000  
Retention \$1,000  
Aggregate Limit \$1,000,000

**CERTIFICATE OF LIABILITY INSURANCE**

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

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


<b>PRODUCER</b> <b>ESP INSURANCE BROKERAGE LLC</b> 306 Main Street Worcester, MA 01608	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): -      FAX (A/C, No): E-MAIL ADDRESS:
	INSURER(S) AFFORDING COVERAGE      NAIC # INSURER A : Houston Casualty Company <b>42374</b> INSURER B : AIG Insurance <b>19402</b> INSURER C : Great American Ins Co. (IL) INSURER D : INSURER E : INSURER F :
<b>INSURED</b> <b>FINGER LAKES YOUTH FOOTBALL AND CHEERLEADING LEAGUE INC</b> PO BOX 35 Lyons, NY 14489	

**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 INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>A</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<b>X</b>		<b>197008660</b>	<b>01/01/2020</b>	<b>01/01/2021</b>	EACH OCCURRENCE      \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence)      \$ <b>300,000</b> MED EXP (Any one person)      \$ PERSONAL & ADV INJURY      \$ <b>1,000,000</b> GENERAL AGGREGATE      \$ <b>5,000,000</b> PRODUCTS - COMP/OP AGG      \$ <b>5,000,000</b> \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)      \$ BODILY INJURY (Per person)      \$ BODILY INJURY (Per accident)      \$ PROPERTY DAMAGE (Per accident)      \$ \$
<b>A</b>	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$	<b>X</b>		<b>197008660</b>	<b>01/01/2020</b>	<b>01/01/2021</b>	EACH OCCURRENCE      \$ <b>1,000,000</b> AGGREGATE      \$ <b>1,000,000</b> \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?    Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		<b>N/A</b>				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT      \$ E.L. DISEASE - EA EMPLOYEE      \$ E.L. DISEASE - POLICY LIMIT      \$
<b>B</b>	<b>A&amp;H</b>			<b>SRG0009133720</b>	<b>01/01/2020</b>	<b>01/01/2021</b>	<b>SEE REMARKS</b>
<b>C</b>	<b>D&amp;O</b>			<b>EPP2452954</b>	<b>01/23/2020</b>	<b>01/23/2021</b>	<b>SEE REMARKS</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**THE CERTIFICATE HOLDER is added as an additional insured with respects to general liability coverage but only with respect to liability arising out of the operations of the named insureds league.**  
**Sexual Abuse / Molestation limits are as follows: \$1,000,000 EACH OCCURRENCE / \$2,000,000 AGGREGATE**  
**THIS POLICY DOES NOT EXCLUDE CONCUSSIONS**  
**(See Attached Descriptions)**

<b>CERTIFICATE HOLDER</b> MORAVIA CENTRAL SCHOOLS 68 SOUTH MAIN STREET Moravia, NY 13118-0000	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
--	--

## DESCRIPTIONS (Continued from Page 1)

### YOUTH PARTICIPANTS ACCIDENT & HEALTH COVERAGE

Accidental Death, Accidental Dismemberment (AD&D) Benefit: \$10,000 Maximum amount  
Accident Medical Expense Benefit: \$250,000  
Deductible: \$250  
per accident  
Dental Maximum: \$250 per  
tooth/per accident  
Incurral Period: within 90 days of the date of the accident causing the Injury  
Benefit Payout Period: payable only for such charges incurred within 52 weeks after the date of the  
accident causing the Injury

### CRIME PROTECTION POLICY NUMBER 197008660 COMPANY: HCC

Crime / Employee Theft \$25,000  
Deductible \$500

### DIRECTORS & OFFICERS

Directors & Officers Limit \$1,000,000  
Retention \$1,000  
Aggregate Limit \$1,000,000

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
12/12/2019

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

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

<b>PRODUCER</b> <b>ESP INSURANCE BROKERAGE LLC</b> 306 Main Street Worcester, MA 01608	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): -      FAX (A/C, No):	
	<b>E-MAIL ADDRESS:</b>	
<b>INSURED</b> <b>FINGER LAKES YOUTH FOOTBALL AND CHEERLEADING LEAGUE INC</b> PO BOX 35 Lyons, NY 14489	<b>INSURER(S) AFFORDING COVERAGE</b>	
	INSURER A : Houston Casualty Company	<b>NAIC #</b> <b>42374</b>
	INSURER B : AIG Insurance	<b>19402</b>
	INSURER C : Great American Ins Co. (IL)	
	INSURER D :	
	INSURER E :	


**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 INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>300,000</b> MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>5,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>5,000,000</b> \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE \$ <b>1,000,000</b> AGGREGATE \$ <b>1,000,000</b> \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / <input checked="" type="checkbox"/> N / A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	A&H			SRG0009133720	01/01/2020	01/01/2021	SEE REMARKS
C	D&O			EPP2452954	01/23/2020	01/23/2021	SEE REMARKS

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**THE CERTIFICATE HOLDER is added as an additional insured with respects to general liability coverage but only with respect to liability arising out of the operations of the named insureds league.**  
**Sexual Abuse / Molestation limits are as follows: \$1,000,000 EACH OCCURRENCE / \$2,000,000 AGGREGATE**  
**THIS POLICY DOES NOT EXCLUDE CONCUSSIONS**

(See Attached Descriptions)

<b>CERTIFICATE HOLDER</b> MYNDERSE ACADEMY/SENECA FALLS HIGH SCHOOL 105 TROY STREET Seneca Falls, NY 13148-0000	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
--	--

## DESCRIPTIONS (Continued from Page 1)

### YOUTH PARTICIPANTS ACCIDENT & HEALTH COVERAGE

Accidental Death, Accidental Dismemberment (AD&D) Benefit: \$10,000 Maximum amount  
Accident Medical Expense Benefit: \$250,000  
Deductible: \$250  
per accident  
Dental Maximum: \$250 per  
tooth/per accident  
Incurral Period: within 90 days of the date of the accident causing the Injury  
Benefit Payout Period: payable only for such charges incurred within 52 weeks after the date of the  
accident causing the Injury

### CRIME PROTECTION POLICY NUMBER 197008660 COMPANY: HCC

Crime / Employee Theft \$25,000  
Deductible \$500

### DIRECTORS & OFFICERS

Directors & Officers Limit \$1,000,000  
Retention \$1,000  
Aggregate Limit \$1,000,000



**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
12/12/2019

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

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

<b>PRODUCER</b> <b>ESP INSURANCE BROKERAGE LLC</b> 306 Main Street Worcester, MA 01608	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): -      FAX (A/C, No): E-MAIL ADDRESS:
	INSURER(S) AFFORDING COVERAGE      NAIC # INSURER A : Houston Casualty Company <b>42374</b> INSURER B : AIG Insurance <b>19402</b> INSURER C : Great American Ins Co. (IL) INSURER D : INSURER E : INSURER F :
<b>INSURED</b> <b>FINGER LAKES YOUTH FOOTBALL AND CHEERLEADING LEAGUE INC</b> PO BOX 35 Lyons, NY 14489	


**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 INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>A</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>		<b>197008660</b>	<b>01/01/2020</b>	<b>01/01/2021</b>	EACH OCCURRENCE <b>\$1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) <b>\$300,000</b> MED EXP (Any one person)      \$ PERSONAL & ADV INJURY <b>\$1,000,000</b> GENERAL AGGREGATE <b>\$5,000,000</b> PRODUCTS - COMP/OP AGG <b>\$5,000,000</b> \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)      \$ BODILY INJURY (Per person)      \$ BODILY INJURY (Per accident)      \$ PROPERTY DAMAGE (Per accident)      \$ \$
<b>A</b>	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$	<input checked="" type="checkbox"/>		<b>197008660</b>	<b>01/01/2020</b>	<b>01/01/2021</b>	EACH OCCURRENCE <b>\$1,000,000</b> AGGREGATE <b>\$1,000,000</b> \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?    Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT      \$ E.L. DISEASE - EA EMPLOYEE      \$ E.L. DISEASE - POLICY LIMIT      \$
<b>B</b>	<b>A&amp;H</b>			<b>SRG0009133720</b>	<b>01/01/2020</b>	<b>01/01/2021</b>	<b>SEE REMARKS</b>
<b>C</b>	<b>D&amp;O</b>			<b>EPP2452954</b>	<b>01/23/2020</b>	<b>01/23/2021</b>	<b>SEE REMARKS</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**THE CERTIFICATE HOLDER is added as an additional insured with respects to general liability coverage but only with respect to liability arising out of the operations of the named insureds league.**  
**Sexual Abuse / Molestation limits are as follows: \$1,000,000 EACH OCCURRENCE / \$2,000,000 AGGREGATE**  
**THIS POLICY DOES NOT EXCLUDE CONCUSSIONS**

(See Attached Descriptions)

<b>CERTIFICATE HOLDER</b> NAPLES CENTRAL SCHOOL DISTRICT 2 ACADEMY STREET Naples, NY 14512-0000	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
--	--

## DESCRIPTIONS (Continued from Page 1)

### YOUTH PARTICIPANTS ACCIDENT & HEALTH COVERAGE

Accidental Death, Accidental Dismemberment (AD&D) Benefit: \$10,000 Maximum amount  
Accident Medical Expense Benefit: \$250,000  
Deductible: \$250  
per accident  
Dental Maximum: \$250 per  
tooth/per accident  
Incurral Period: within 90 days of the date of the accident causing the Injury  
Benefit Payout Period: payable only for such charges incurred within 52 weeks after the date of the  
accident causing the Injury

### CRIME PROTECTION POLICY NUMBER 197008660 COMPANY: HCC

Crime / Employee Theft \$25,000  
Deductible \$500

### DIRECTORS & OFFICERS

Directors & Officers Limit \$1,000,000  
Retention \$1,000  
Aggregate Limit \$1,000,000

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

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

<b>PRODUCER</b> <b>ESP INSURANCE BROKERAGE LLC</b> 306 Main Street Worcester, MA 01608	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): -      FAX (A/C, No):	
	<b>E-MAIL ADDRESS:</b>	
<b>INSURED</b> <b>FINGER LAKES YOUTH FOOTBALL AND CHEERLEADING LEAGUE INC</b> PO BOX 35 Lyons, NY 14489	<b>INSURER(S) AFFORDING COVERAGE</b>	
	INSURER A : Houston Casualty Company	<b>NAIC #</b> <b>42374</b>
	INSURER B : AIG Insurance	<b>19402</b>
	INSURER C : Great American Ins Co. (IL)	
	INSURER D :	
	INSURER E :	


**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 INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$ <b>1,000,000</b>
							DAMAGE TO RENTED PREMISES (Ea occurrence)      \$ <b>300,000</b>
							MED EXP (Any one person)      \$
							PERSONAL & ADV INJURY      \$ <b>1,000,000</b>
							GENERAL AGGREGATE      \$ <b>5,000,000</b>
							PRODUCTS - COMP/OP AGG      \$ <b>5,000,000</b>
							\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)      \$ BODILY INJURY (Per person)      \$ BODILY INJURY (Per accident)      \$ PROPERTY DAMAGE (Per accident)      \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$ <b>1,000,000</b>
							AGGREGATE      \$ <b>1,000,000</b>
							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?    Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT      \$ E.L. DISEASE - EA EMPLOYEE      \$ E.L. DISEASE - POLICY LIMIT      \$
B	A&H			SRG0009133720	01/01/2020	01/01/2021	<b>SEE REMARKS</b>
C	D&O			EPP2452954	01/23/2020	01/23/2021	<b>SEE REMARKS</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**THE CERTIFICATE HOLDER is added as an additional insured with respects to general liability coverage but only with respect to liability arising out of the operations of the named insureds league.**  
**Sexual Abuse / Molestation limits are as follows: \$1,000,000 EACH OCCURRENCE / \$2,000,000 AGGREGATE**  
**THIS POLICY DOES NOT EXCLUDE CONCUSSIONS**

(See Attached Descriptions)

<b>CERTIFICATE HOLDER</b>  NEWARK HIGH SCHOOL 625 PEIRSON AVE Newark, NY 14513-0000	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  
---	--

## DESCRIPTIONS (Continued from Page 1)

### YOUTH PARTICIPANTS ACCIDENT & HEALTH COVERAGE

Accidental Death, Accidental Dismemberment (AD&D) Benefit: \$10,000 Maximum amount  
Accident Medical Expense Benefit: \$250,000  
Deductible: \$250  
per accident  
Dental Maximum: \$250 per  
tooth/per accident  
Incurral Period: within 90 days of the date of the accident causing the Injury  
Benefit Payout Period: payable only for such charges incurred within 52 weeks after the date of the  
accident causing the Injury

### CRIME PROTECTION POLICY NUMBER 197008660 COMPANY: HCC

Crime / Employee Theft \$25,000  
Deductible \$500

### DIRECTORS & OFFICERS

Directors & Officers Limit \$1,000,000  
Retention \$1,000  
Aggregate Limit \$1,000,000

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
12/12/2019

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

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


<b>PRODUCER</b> <b>ESP INSURANCE BROKERAGE LLC</b> 306 Main Street Worcester, MA 01608	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): -      FAX (A/C, No):	
	<b>E-MAIL ADDRESS:</b>	
<b>INSURED</b> <b>FINGER LAKES YOUTH FOOTBALL AND CHEERLEADING LEAGUE INC</b> PO BOX 35 Lyons, NY 14489	<b>INSURER(S) AFFORDING COVERAGE</b>	
	INSURER A : Houston Casualty Company <b>NAIC # 42374</b>	
	INSURER B : AIG Insurance <b>19402</b>	
	INSURER C : Great American Ins Co. (IL)	
	INSURER D :	
	INSURER E :	

**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 INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)      \$300,000
							MED EXP (Any one person)      \$
							PERSONAL & ADV INJURY      \$1,000,000
							GENERAL AGGREGATE      \$5,000,000
							PRODUCTS - COMP/OP AGG      \$5,000,000
							\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)      \$
							BODILY INJURY (Per person)      \$
							BODILY INJURY (Per accident)      \$
							PROPERTY DAMAGE (Per accident)      \$
							\$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$1,000,000
							AGGREGATE      \$1,000,000
							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?    Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT      \$ E.L. DISEASE - EA EMPLOYEE      \$ E.L. DISEASE - POLICY LIMIT      \$
B	A&H			SRG0009133720	01/01/2020	01/01/2021	SEE REMARKS
C	D&O			EPP2452954	01/23/2020	01/23/2021	SEE REMARKS

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**THE CERTIFICATE HOLDER is added as an additional insured with respects to general liability coverage but only with respect to liability arising out of the operations of the named insureds league.**  
**Sexual Abuse / Molestation limits are as follows: \$1,000,000 EACH OCCURRENCE / \$2,000,000 AGGREGATE**  
**THIS POLICY DOES NOT EXCLUDE CONCUSSIONS**  
 (See Attached Descriptions)

<b>CERTIFICATE HOLDER</b>  OHMANN FIELD % LYONS JR/SR SCHOOL MANHATTAN STREET Lyons, NY 14489-0000	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
---	--

## DESCRIPTIONS (Continued from Page 1)

### YOUTH PARTICIPANTS ACCIDENT & HEALTH COVERAGE

Accidental Death, Accidental Dismemberment (AD&D) Benefit: \$10,000 Maximum amount  
Accident Medical Expense Benefit: \$250,000  
Deductible: \$250  
per accident  
Dental Maximum: \$250 per  
tooth/per accident  
Incurral Period: within 90 days of the date of the accident causing the Injury  
Benefit Payout Period: payable only for such charges incurred within 52 weeks after the date of the  
accident causing the Injury

### CRIME PROTECTION POLICY NUMBER 197008660 COMPANY: HCC

Crime / Employee Theft \$25,000  
Deductible \$500

### DIRECTORS & OFFICERS

Directors & Officers Limit \$1,000,000  
Retention \$1,000  
Aggregate Limit \$1,000,000

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
12/12/2019

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

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

<b>PRODUCER</b> <b>ESP INSURANCE BROKERAGE LLC</b> 306 Main Street Worcester, MA 01608	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): -      FAX (A/C, No): E-MAIL ADDRESS:
	INSURER(S) AFFORDING COVERAGE      NAIC # INSURER A : Houston Casualty Company <b>42374</b> INSURER B : AIG Insurance <b>19402</b> INSURER C : Great American Ins Co. (IL) INSURER D : INSURER E : INSURER F :
<b>INSURED</b> <b>FINGER LAKES YOUTH FOOTBALL AND CHEERLEADING LEAGUE INC</b> PO BOX 35 Lyons, NY 14489	


**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 INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>A</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>		<b>197008660</b>	<b>01/01/2020</b>	<b>01/01/2021</b>	EACH OCCURRENCE      \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence)      \$ <b>300,000</b> MED EXP (Any one person)      \$ PERSONAL & ADV INJURY      \$ <b>1,000,000</b> GENERAL AGGREGATE      \$ <b>5,000,000</b> PRODUCTS - COMP/OP AGG      \$ <b>5,000,000</b> \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)      \$ BODILY INJURY (Per person)      \$ BODILY INJURY (Per accident)      \$ PROPERTY DAMAGE (Per accident)      \$ \$
<b>A</b>	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$	<input checked="" type="checkbox"/>		<b>197008660</b>	<b>01/01/2020</b>	<b>01/01/2021</b>	EACH OCCURRENCE      \$ <b>1,000,000</b> AGGREGATE      \$ <b>1,000,000</b> \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?    Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT      \$ E.L. DISEASE - EA EMPLOYEE      \$ E.L. DISEASE - POLICY LIMIT      \$
<b>B</b>	<b>A&amp;H</b>			<b>SRG0009133720</b>	<b>01/01/2020</b>	<b>01/01/2021</b>	<b>SEE REMARKS</b>
<b>C</b>	<b>D&amp;O</b>			<b>EPP2452954</b>	<b>01/23/2020</b>	<b>01/23/2021</b>	<b>SEE REMARKS</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**THE CERTIFICATE HOLDER is added as an additional insured with respects to general liability coverage but only with respect to liability arising out of the operations of the named insureds league.**  
**Sexual Abuse / Molestation limits are as follows: \$1,000,000 EACH OCCURRENCE / \$2,000,000 AGGREGATE**  
**THIS POLICY DOES NOT EXCLUDE CONCUSSIONS**

(See Attached Descriptions)

<b>CERTIFICATE HOLDER</b> ONTARIO COUNTY FAIRGROUNDS 2820 COUNTY ROAD 10 Canandaigua, NY 14424-0000	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
--	--

## DESCRIPTIONS (Continued from Page 1)

### YOUTH PARTICIPANTS ACCIDENT & HEALTH COVERAGE

Accidental Death, Accidental Dismemberment (AD&D) Benefit: \$10,000 Maximum amount  
Accident Medical Expense Benefit: \$250,000  
Deductible: \$250  
per accident  
Dental Maximum: \$250 per  
tooth/per accident  
Incurral Period: within 90 days of the date of the accident causing the Injury  
Benefit Payout Period: payable only for such charges incurred within 52 weeks after the date of the  
accident causing the Injury

### CRIME PROTECTION POLICY NUMBER 197008660 COMPANY: HCC

Crime / Employee Theft \$25,000  
Deductible \$500

### DIRECTORS & OFFICERS

Directors & Officers Limit \$1,000,000  
Retention \$1,000  
Aggregate Limit \$1,000,000





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/12/2019

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

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

<b>PRODUCER</b> <b>ESP INSURANCE BROKERAGE LLC</b> 306 Main Street Worcester, MA 01608	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): -      FAX (A/C, No):	
	<b>E-MAIL ADDRESS:</b>	
<b>INSURED</b> <b>FINGER LAKES YOUTH FOOTBALL AND CHEERLEADING LEAGUE INC</b> PO BOX 35 Lyons, NY 14489	<b>INSURER(S) AFFORDING COVERAGE</b>	
	INSURER A : Houston Casualty Company	<b>NAIC #</b> <b>42374</b>
	INSURER B : AIG Insurance	<b>19402</b>
	INSURER C : Great American Ins Co. (IL)	
	INSURER D :	
	INSURER E :	


**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 INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>300,000</b> MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>5,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>5,000,000</b> \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE \$ <b>1,000,000</b> AGGREGATE \$ <b>1,000,000</b> \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	A&H			SRG0009133720	01/01/2020	01/01/2021	SEE REMARKS
C	D&O			EPP2452954	01/23/2020	01/23/2021	SEE REMARKS

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**THE CERTIFICATE HOLDER is added as an additional insured with respects to general liability coverage but only with respect to liability arising out of the operations of the named insureds league.**  
**Sexual Abuse / Molestation limits are as follows: \$1,000,000 EACH OCCURRENCE / \$2,000,000 AGGREGATE**  
**THIS POLICY DOES NOT EXCLUDE CONCUSSIONS**

(See Attached Descriptions)

<b>CERTIFICATE HOLDER</b>  <b>PALMYRA COMMUNITY CENTER</b> 424 STAFFORD STREET Palmyra, NY 14522-0000	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
---	--

## DESCRIPTIONS (Continued from Page 1)

### YOUTH PARTICIPANTS ACCIDENT & HEALTH COVERAGE

Accidental Death, Accidental Dismemberment (AD&D) Benefit: \$10,000 Maximum amount  
Accident Medical Expense Benefit: \$250,000  
Deductible: \$250  
per accident  
Dental Maximum: \$250 per  
tooth/per accident  
Incurral Period: within 90 days of the date of the accident causing the Injury  
Benefit Payout Period: payable only for such charges incurred within 52 weeks after the date of the  
accident causing the Injury

### CRIME PROTECTION POLICY NUMBER 197008660 COMPANY: HCC

Crime / Employee Theft \$25,000  
Deductible \$500

### DIRECTORS & OFFICERS

Directors & Officers Limit \$1,000,000  
Retention \$1,000  
Aggregate Limit \$1,000,000

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
12/12/2019

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

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


<b>PRODUCER</b> <b>ESP INSURANCE BROKERAGE LLC</b> 306 Main Street Worcester, MA 01608	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): -      FAX (A/C, No):	
	<b>E-MAIL ADDRESS:</b>	
<b>INSURED</b> <b>FINGER LAKES YOUTH FOOTBALL AND CHEERLEADING LEAGUE INC</b> PO BOX 35 Lyons, NY 14489	<b>INSURER(S) AFFORDING COVERAGE</b>	
	INSURER A : Houston Casualty Company	<b>NAIC #</b> <b>42374</b>
	INSURER B : AIG Insurance	<b>19402</b>
	INSURER C : Great American Ins Co. (IL)	
	INSURER D :	
	INSURER E :	

**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 INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$ <b>1,000,000</b>
							DAMAGE TO RENTED PREMISES (Ea occurrence)      \$ <b>300,000</b>
							MED EXP (Any one person)      \$
							PERSONAL & ADV INJURY      \$ <b>1,000,000</b>
							GENERAL AGGREGATE      \$ <b>5,000,000</b>
							PRODUCTS - COMP/OP AGG      \$ <b>5,000,000</b>
							\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)      \$
							BODILY INJURY (Per person)      \$
							BODILY INJURY (Per accident)      \$
							PROPERTY DAMAGE (Per accident)      \$
							\$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$ <b>1,000,000</b>
							AGGREGATE      \$ <b>1,000,000</b>
							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?    Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT      \$ E.L. DISEASE - EA EMPLOYEE      \$ E.L. DISEASE - POLICY LIMIT      \$
B	A&H			SRG0009133720	01/01/2020	01/01/2021	SEE REMARKS
C	D&O			EPP2452954	01/23/2020	01/23/2021	SEE REMARKS

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**THE CERTIFICATE HOLDER is added as an additional insured with respects to general liability coverage but only with respect to liability arising out of the operations of the named insureds league.**  
**Sexual Abuse / Molestation limits are as follows: \$1,000,000 EACH OCCURRENCE / \$2,000,000 AGGREGATE**  
**THIS POLICY DOES NOT EXCLUDE CONCUSSIONS**  
 (See Attached Descriptions)

<b>CERTIFICATE HOLDER</b>  PALMYRA MACEDON MIDDLE SCHOOL 4 WEST STREET Macedon, NY 14502-0000	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
---	--

## DESCRIPTIONS (Continued from Page 1)

### YOUTH PARTICIPANTS ACCIDENT & HEALTH COVERAGE

Accidental Death, Accidental Dismemberment (AD&D) Benefit: \$10,000 Maximum amount  
Accident Medical Expense Benefit: \$250,000  
Deductible: \$250  
per accident  
Dental Maximum: \$250 per  
tooth/per accident  
Incurral Period: within 90 days of the date of the accident causing the Injury  
Benefit Payout Period: payable only for such charges incurred within 52 weeks after the date of the  
accident causing the Injury

### CRIME PROTECTION POLICY NUMBER 197008660 COMPANY: HCC

Crime / Employee Theft \$25,000  
Deductible \$500

### DIRECTORS & OFFICERS

Directors & Officers Limit \$1,000,000  
Retention \$1,000  
Aggregate Limit \$1,000,000

**CERTIFICATE OF LIABILITY INSURANCE**

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

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


<b>PRODUCER</b> <b>ESP INSURANCE BROKERAGE LLC</b> 306 Main Street Worcester, MA 01608	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): -      FAX (A/C, No):	
	<b>E-MAIL ADDRESS:</b>	
<b>INSURED</b> <b>FINGER LAKES YOUTH FOOTBALL AND CHEERLEADING LEAGUE INC</b> PO BOX 35 Lyons, NY 14489	<b>INSURER(S) AFFORDING COVERAGE</b>	
	INSURER A : Houston Casualty Company	<b>NAIC #</b> <b>42374</b>
	INSURER B : AIG Insurance	<b>19402</b>
	INSURER C : Great American Ins Co. (IL)	
	INSURER D :	
	INSURER E :	

**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 INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>300,000</b> MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>5,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>5,000,000</b> \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE \$ <b>1,000,000</b> AGGREGATE \$ <b>1,000,000</b> \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	A&H			SRG0009133720	01/01/2020	01/01/2021	SEE REMARKS
C	D&O			EPP2452954	01/23/2020	01/23/2021	SEE REMARKS

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**THE CERTIFICATE HOLDER is added as an additional insured with respects to general liability coverage but only with respect to liability arising out of the operations of the named insureds league.**  
**Sexual Abuse / Molestation limits are as follows: \$1,000,000 EACH OCCURRENCE / \$2,000,000 AGGREGATE**  
**THIS POLICY DOES NOT EXCLUDE CONCUSSIONS**  
 (See Attached Descriptions)

<b>CERTIFICATE HOLDER</b> PALMYRA MACEDON SCHOOLS 151 HYDE PARKWAY Palmyra, NY 14522-0000	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
--	--

## DESCRIPTIONS (Continued from Page 1)

### YOUTH PARTICIPANTS ACCIDENT & HEALTH COVERAGE

Accidental Death, Accidental Dismemberment (AD&D) Benefit: \$10,000 Maximum amount  
Accident Medical Expense Benefit: \$250,000  
Deductible: \$250  
per accident  
Dental Maximum: \$250 per  
tooth/per accident  
Incurral Period: within 90 days of the date of the accident causing the Injury  
Benefit Payout Period: payable only for such charges incurred within 52 weeks after the date of the  
accident causing the Injury

### CRIME PROTECTION POLICY NUMBER 197008660 COMPANY: HCC

Crime / Employee Theft \$25,000  
Deductible \$500

### DIRECTORS & OFFICERS

Directors & Officers Limit \$1,000,000  
Retention \$1,000  
Aggregate Limit \$1,000,000

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
12/12/2019

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

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

<b>PRODUCER</b> <b>ESP INSURANCE BROKERAGE LLC</b> 306 Main Street Worcester, MA 01608	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): -      FAX (A/C, No):	
	<b>E-MAIL ADDRESS:</b>	
<b>INSURED</b> <b>FINGER LAKES YOUTH FOOTBALL AND CHEERLEADING LEAGUE INC</b> PO BOX 35 Lyons, NY 14489	<b>INSURER(S) AFFORDING COVERAGE</b>	
	INSURER A : Houston Casualty Company	<b>NAIC #</b> <b>42374</b>
	INSURER B : AIG Insurance	<b>19402</b>
	INSURER C : Great American Ins Co. (IL)	
	INSURER D :	
	INSURER E :	


**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 INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$ <b>1,000,000</b>
							DAMAGE TO RENTED PREMISES (Ea occurrence)      \$ <b>300,000</b>
							MED EXP (Any one person)      \$
							PERSONAL & ADV INJURY      \$ <b>1,000,000</b>
							GENERAL AGGREGATE      \$ <b>5,000,000</b>
							PRODUCTS - COMP/OP AGG      \$ <b>5,000,000</b>
							\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)      \$ BODILY INJURY (Per person)      \$ BODILY INJURY (Per accident)      \$ PROPERTY DAMAGE (Per accident)      \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$ <b>1,000,000</b>
							AGGREGATE      \$ <b>1,000,000</b>
							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?    Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT      \$ E.L. DISEASE - EA EMPLOYEE      \$ E.L. DISEASE - POLICY LIMIT      \$
B	A&H			SRG0009133720	01/01/2020	01/01/2021	SEE REMARKS
C	D&O			EPP2452954	01/23/2020	01/23/2021	SEE REMARKS

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**THE CERTIFICATE HOLDER is added as an additional insured with respects to general liability coverage but only with respect to liability arising out of the operations of the named insureds league.**  
**Sexual Abuse / Molestation limits are as follows: \$1,000,000 EACH OCCURRENCE / \$2,000,000 AGGREGATE**  
**THIS POLICY DOES NOT EXCLUDE CONCUSSIONS**

(See Attached Descriptions)

<b>CERTIFICATE HOLDER</b>  PENN YAN CENTRAL SCHOOL DISTRICT 1 SCHOOL DRIVE Penn Yan, NY 14527-0000	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  
--	--

## DESCRIPTIONS (Continued from Page 1)

### YOUTH PARTICIPANTS ACCIDENT & HEALTH COVERAGE

Accidental Death, Accidental Dismemberment (AD&D) Benefit: \$10,000 Maximum amount  
Accident Medical Expense Benefit: \$250,000  
Deductible: \$250  
per accident  
Dental Maximum: \$250 per  
tooth/per accident  
Incurral Period: within 90 days of the date of the accident causing the Injury  
Benefit Payout Period: payable only for such charges incurred within 52 weeks after the date of the  
accident causing the Injury

### CRIME PROTECTION POLICY NUMBER 197008660 COMPANY: HCC

Crime / Employee Theft \$25,000  
Deductible \$500

### DIRECTORS & OFFICERS

Directors & Officers Limit \$1,000,000  
Retention \$1,000  
Aggregate Limit \$1,000,000



**CERTIFICATE OF LIABILITY INSURANCE**

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).

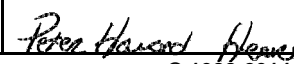
PRODUCER <b>ESP INSURANCE BROKERAGE LLC</b> 306 Main Street Worcester, MA 01608	CONTACT NAME: PHONE (A/C, No, Ext): -      FAX (A/C, No):	
	E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE      NAIC #	
INSURED <b>FINGER LAKES YOUTH FOOTBALL AND CHEERLEADING LEAGUE INC</b> PO BOX 35 Lyons, NY 14489	INSURER A : Houston Casualty Company <b>42374</b>	
	INSURER B : AIG Insurance <b>19402</b>	
	INSURER C : Great American Ins Co. (IL)	
	INSURER D :	
	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 INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$ <b>1,000,000</b>
							DAMAGE TO RENTED PREMISES (Ea occurrence)      \$ <b>300,000</b>
							MED EXP (Any one person)      \$
							PERSONAL & ADV INJURY      \$ <b>1,000,000</b>
							GENERAL AGGREGATE      \$ <b>5,000,000</b>
							PRODUCTS - COMP/OP AGG      \$ <b>5,000,000</b>
							\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)      \$
							BODILY INJURY (Per person)      \$
							BODILY INJURY (Per accident)      \$
							PROPERTY DAMAGE (Per accident)      \$
							\$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$ <b>1,000,000</b>
							AGGREGATE      \$ <b>1,000,000</b>
							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?    Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT      \$ E.L. DISEASE - EA EMPLOYEE      \$ E.L. DISEASE - POLICY LIMIT      \$
B	A&H			SRG0009133720	01/01/2020	01/01/2021	SEE REMARKS
C	D&O			EPP2452954	01/23/2020	01/23/2021	SEE REMARKS

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**THE CERTIFICATE HOLDER is added as an additional insured with respects to general liability coverage but only with respect to liability arising out of the operations of the named insureds league.**  
**Sexual Abuse / Molestation limits are as follows: \$1,000,000 EACH OCCURRENCE / \$2,000,000 AGGREGATE**  
**THIS POLICY DOES NOT EXCLUDE CONCUSSIONS**  
 (See Attached Descriptions)

<b>CERTIFICATE HOLDER</b>  PENN YAN COMMUNITY CENTER 483 NORTH MAIN STREET Penn Yan, NY 14527-0000	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
--	--

## DESCRIPTIONS (Continued from Page 1)

### YOUTH PARTICIPANTS ACCIDENT & HEALTH COVERAGE

Accidental Death, Accidental Dismemberment (AD&D) Benefit: \$10,000 Maximum amount  
Accident Medical Expense Benefit: \$250,000  
Deductible: \$250  
per accident  
Dental Maximum: \$250 per  
tooth/per accident  
Incurral Period: within 90 days of the date of the accident causing the Injury  
Benefit Payout Period: payable only for such charges incurred within 52 weeks after the date of the  
accident causing the Injury

### CRIME PROTECTION POLICY NUMBER 197008660 COMPANY: HCC

Crime / Employee Theft \$25,000  
Deductible \$500

### DIRECTORS & OFFICERS

Directors & Officers Limit \$1,000,000  
Retention \$1,000  
Aggregate Limit \$1,000,000

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
12/12/2019

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

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


<b>PRODUCER</b> <b>ESP INSURANCE BROKERAGE LLC</b> 306 Main Street Worcester, MA 01608	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): -      FAX (A/C, No):	
	<b>E-MAIL ADDRESS:</b>	
<b>INSURED</b> <b>FINGER LAKES YOUTH FOOTBALL AND CHEERLEADING LEAGUE INC</b> PO BOX 35 Lyons, NY 14489	<b>INSURER(S) AFFORDING COVERAGE</b>	
	INSURER A : Houston Casualty Company	<b>NAIC #</b> <b>42374</b>
	INSURER B : AIG Insurance	<b>19402</b>
	INSURER C : Great American Ins Co. (IL)	
	INSURER D :	
	INSURER E :	

**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 INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$ <b>1,000,000</b>
							DAMAGE TO RENTED PREMISES (Ea occurrence)      \$ <b>300,000</b>
							MED EXP (Any one person)      \$
							PERSONAL & ADV INJURY      \$ <b>1,000,000</b>
							GENERAL AGGREGATE      \$ <b>5,000,000</b>
							PRODUCTS - COMP/OP AGG      \$ <b>5,000,000</b>
							\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)      \$
							BODILY INJURY (Per person)      \$
							BODILY INJURY (Per accident)      \$
							PROPERTY DAMAGE (Per accident)      \$
							\$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$ <b>1,000,000</b>
							AGGREGATE      \$ <b>1,000,000</b>
							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?    Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT      \$ E.L. DISEASE - EA EMPLOYEE      \$ E.L. DISEASE - POLICY LIMIT      \$
B	A&H			SRG0009133720	01/01/2020	01/01/2021	SEE REMARKS
C	D&O			EPP2452954	01/23/2020	01/23/2021	SEE REMARKS

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**THE CERTIFICATE HOLDER is added as an additional insured with respects to general liability coverage but only with respect to liability arising out of the operations of the named insureds league.**  
**Sexual Abuse / Molestation limits are as follows: \$1,000,000 EACH OCCURRENCE / \$2,000,000 AGGREGATE**  
**THIS POLICY DOES NOT EXCLUDE CONCUSSIONS**  
 (See Attached Descriptions)

<b>CERTIFICATE HOLDER</b>  PENN YAN LITTLE LEAGUE PARK 360 ELM STREET Penn Yan, NY 14527-0000	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
---	--

## DESCRIPTIONS (Continued from Page 1)

### YOUTH PARTICIPANTS ACCIDENT & HEALTH COVERAGE

Accidental Death, Accidental Dismemberment (AD&D) Benefit: \$10,000 Maximum amount  
Accident Medical Expense Benefit: \$250,000  
Deductible: \$250  
per accident  
Dental Maximum: \$250 per  
tooth/per accident  
Incurral Period: within 90 days of the date of the accident causing the Injury  
Benefit Payout Period: payable only for such charges incurred within 52 weeks after the date of the  
accident causing the Injury

### CRIME PROTECTION POLICY NUMBER 197008660 COMPANY: HCC

Crime / Employee Theft \$25,000  
Deductible \$500

### DIRECTORS & OFFICERS

Directors & Officers Limit \$1,000,000  
Retention \$1,000  
Aggregate Limit \$1,000,000

**CERTIFICATE OF LIABILITY INSURANCE**

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

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


<b>PRODUCER</b> <b>ESP INSURANCE BROKERAGE LLC</b> 306 Main Street Worcester, MA 01608	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): -      FAX (A/C, No): E-MAIL ADDRESS:
	INSURER(S) AFFORDING COVERAGE      NAIC # INSURER A : Houston Casualty Company <b>42374</b> INSURER B : AIG Insurance <b>19402</b> INSURER C : Great American Ins Co. (IL) INSURER D : INSURER E : INSURER F :
<b>INSURED</b> <b>FINGER LAKES YOUTH FOOTBALL AND CHEERLEADING LEAGUE INC</b> PO BOX 35 Lyons, NY 14489	

**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 INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>A</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>		<b>197008660</b>	<b>01/01/2020</b>	<b>01/01/2021</b>	EACH OCCURRENCE      \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence)      \$ <b>300,000</b> MED EXP (Any one person)      \$ PERSONAL & ADV INJURY      \$ <b>1,000,000</b> GENERAL AGGREGATE      \$ <b>5,000,000</b> PRODUCTS - COMP/OP AGG      \$ <b>5,000,000</b> \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)      \$ BODILY INJURY (Per person)      \$ BODILY INJURY (Per accident)      \$ PROPERTY DAMAGE (Per accident)      \$ \$
<b>A</b>	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$	<input checked="" type="checkbox"/>		<b>197008660</b>	<b>01/01/2020</b>	<b>01/01/2021</b>	EACH OCCURRENCE      \$ <b>1,000,000</b> AGGREGATE      \$ <b>1,000,000</b> \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?    Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT      \$ E.L. DISEASE - EA EMPLOYEE      \$ E.L. DISEASE - POLICY LIMIT      \$
<b>B</b>	<b>A&amp;H</b>			<b>SRG0009133720</b>	<b>01/01/2020</b>	<b>01/01/2021</b>	<b>SEE REMARKS</b>
<b>C</b>	<b>D&amp;O</b>			<b>EPP2452954</b>	<b>01/23/2020</b>	<b>01/23/2021</b>	<b>SEE REMARKS</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**THE CERTIFICATE HOLDER is added as an additional insured with respects to general liability coverage but only with respect to liability arising out of the operations of the named insureds league.**  
**Sexual Abuse / Molestation limits are as follows: \$1,000,000 EACH OCCURRENCE / \$2,000,000 AGGREGATE**  
**THIS POLICY DOES NOT EXCLUDE CONCUSSIONS**  
 (See Attached Descriptions)

<b>CERTIFICATE HOLDER</b> PHELPS COMMUNITY CENTER 8 BANTA STREET, SUITE 100 Phelps, NY 14532-0000	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
--	--

## DESCRIPTIONS (Continued from Page 1)

### YOUTH PARTICIPANTS ACCIDENT & HEALTH COVERAGE

Accidental Death, Accidental Dismemberment (AD&D) Benefit: \$10,000 Maximum amount  
Accident Medical Expense Benefit: \$250,000  
Deductible: \$250  
per accident  
Dental Maximum: \$250 per  
tooth/per accident  
Incurral Period: within 90 days of the date of the accident causing the Injury  
Benefit Payout Period: payable only for such charges incurred within 52 weeks after the date of the  
accident causing the Injury

### CRIME PROTECTION POLICY NUMBER 197008660 COMPANY: HCC

Crime / Employee Theft \$25,000  
Deductible \$500

### DIRECTORS & OFFICERS

Directors & Officers Limit \$1,000,000  
Retention \$1,000  
Aggregate Limit \$1,000,000



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/12/2019

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

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

<b>PRODUCER</b> <b>ESP INSURANCE BROKERAGE LLC</b> 306 Main Street Worcester, MA 01608	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): -      FAX (A/C, No): E-MAIL ADDRESS:
	INSURER(S) AFFORDING COVERAGE      NAIC # INSURER A : Houston Casualty Company <b>42374</b> INSURER B : AIG Insurance <b>19402</b> INSURER C : Great American Ins Co. (IL) INSURER D : INSURER E : INSURER F :
<b>INSURED</b> <b>FINGER LAKES YOUTH FOOTBALL AND CHEERLEADING LEAGUE INC</b> PO BOX 35 Lyons, NY 14489	


**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 INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence)      \$ <b>300,000</b> MED EXP (Any one person)      \$ PERSONAL & ADV INJURY      \$ <b>1,000,000</b> GENERAL AGGREGATE      \$ <b>5,000,000</b> PRODUCTS - COMP/OP AGG      \$ <b>5,000,000</b> \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)      \$ BODILY INJURY (Per person)      \$ BODILY INJURY (Per accident)      \$ PROPERTY DAMAGE (Per accident)      \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$ <b>1,000,000</b> AGGREGATE      \$ <b>1,000,000</b> \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?    Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT      \$ E.L. DISEASE - EA EMPLOYEE      \$ E.L. DISEASE - POLICY LIMIT      \$
B	A&H			SRG0009133720	01/01/2020	01/01/2021	SEE REMARKS
C	D&O			EPP2452954	01/23/2020	01/23/2021	SEE REMARKS

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**THE CERTIFICATE HOLDER is added as an additional insured with respects to general liability coverage but only with respect to liability arising out of the operations of the named insureds league.**  
**Sexual Abuse / Molestation limits are as follows: \$1,000,000 EACH OCCURRENCE / \$2,000,000 AGGREGATE**  
**THIS POLICY DOES NOT EXCLUDE CONCUSSIONS**

(See Attached Descriptions)

<b>CERTIFICATE HOLDER</b> PHELPS-CLIFTON SPRINGS CENTRAL SCHOOL DISTRICT 1490 RT 488 Clifton Springs, NY 14432-0000	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
--	--

## DESCRIPTIONS (Continued from Page 1)

### YOUTH PARTICIPANTS ACCIDENT & HEALTH COVERAGE

Accidental Death, Accidental Dismemberment (AD&D) Benefit: \$10,000 Maximum amount  
Accident Medical Expense Benefit: \$250,000  
Deductible: \$250  
per accident  
Dental Maximum: \$250 per  
tooth/per accident  
Incurral Period: within 90 days of the date of the accident causing the Injury  
Benefit Payout Period: payable only for such charges incurred within 52 weeks after the date of the  
accident causing the Injury

### CRIME PROTECTION POLICY NUMBER 197008660 COMPANY: HCC

Crime / Employee Theft \$25,000  
Deductible \$500

### DIRECTORS & OFFICERS

Directors & Officers Limit \$1,000,000  
Retention \$1,000  
Aggregate Limit \$1,000,000



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

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

<b>PRODUCER</b> <b>ESP INSURANCE BROKERAGE LLC</b> 306 Main Street Worcester, MA 01608	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): -      FAX (A/C, No):	
	<b>E-MAIL ADDRESS:</b>	
<b>INSURED</b> <b>FINGER LAKES YOUTH FOOTBALL AND CHEERLEADING LEAGUE INC</b> PO BOX 35 Lyons, NY 14489	<b>INSURER(S) AFFORDING COVERAGE</b>	
	INSURER A : Houston Casualty Company <b>NAIC # 42374</b>	
	INSURER B : AIG Insurance <b>19402</b>	
	INSURER C : Great American Ins Co. (IL)	
	INSURER D :	
	INSURER E :	


**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 INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence)      \$300,000 MED EXP (Any one person)      \$ PERSONAL & ADV INJURY      \$1,000,000 GENERAL AGGREGATE      \$5,000,000 PRODUCTS - COMP/OP AGG      \$5,000,000 \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)      \$ BODILY INJURY (Per person)      \$ BODILY INJURY (Per accident)      \$ PROPERTY DAMAGE (Per accident)      \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$1,000,000 AGGREGATE      \$1,000,000 \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?    Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT      \$ E.L. DISEASE - EA EMPLOYEE      \$ E.L. DISEASE - POLICY LIMIT      \$
B	A&H			SRG0009133720	01/01/2020	01/01/2021	SEE REMARKS
C	D&O			EPP2452954	01/23/2020	01/23/2021	SEE REMARKS

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**THE CERTIFICATE HOLDER is added as an additional insured with respects to general liability coverage but only with respect to liability arising out of the operations of the named insureds league.**  
**Sexual Abuse / Molestation limits are as follows: \$1,000,000 EACH OCCURRENCE / \$2,000,000 AGGREGATE**  
**THIS POLICY DOES NOT EXCLUDE CONCUSSIONS**

(See Attached Descriptions)

<b>CERTIFICATE HOLDER</b> PROCTOR CONTRACTING 2634 MAIN STREET Gorham, NY 14461-0000	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
---	--

## DESCRIPTIONS (Continued from Page 1)

### YOUTH PARTICIPANTS ACCIDENT & HEALTH COVERAGE

Accidental Death, Accidental Dismemberment (AD&D) Benefit: \$10,000 Maximum amount  
Accident Medical Expense Benefit: \$250,000  
Deductible: \$250  
per accident  
Dental Maximum: \$250 per  
tooth/per accident  
Incurral Period: within 90 days of the date of the accident causing the Injury  
Benefit Payout Period: payable only for such charges incurred within 52 weeks after the date of the  
accident causing the Injury

### CRIME PROTECTION POLICY NUMBER 197008660 COMPANY: HCC

Crime / Employee Theft \$25,000  
Deductible \$500

### DIRECTORS & OFFICERS

Directors & Officers Limit \$1,000,000  
Retention \$1,000  
Aggregate Limit \$1,000,000

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
12/12/2019

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

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

<b>PRODUCER</b> <b>ESP INSURANCE BROKERAGE LLC</b> 306 Main Street Worcester, MA 01608	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): -      FAX (A/C, No):	
	<b>E-MAIL ADDRESS:</b>	
<b>INSURED</b> <b>FINGER LAKES YOUTH FOOTBALL AND CHEERLEADING LEAGUE INC</b> PO BOX 35 Lyons, NY 14489	<b>INSURER(S) AFFORDING COVERAGE</b>	
	INSURER A : Houston Casualty Company <b>NAIC # 42374</b>	
	INSURER B : AIG Insurance <b>19402</b>	
	INSURER C : Great American Ins Co. (IL)	
	INSURER D :	
	INSURER E :	


**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 INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence)      \$300,000 MED EXP (Any one person)      \$ PERSONAL & ADV INJURY      \$1,000,000 GENERAL AGGREGATE      \$5,000,000 PRODUCTS - COMP/OP AGG      \$5,000,000 \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)      \$ BODILY INJURY (Per person)      \$ BODILY INJURY (Per accident)      \$ PROPERTY DAMAGE (Per accident)      \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$1,000,000 AGGREGATE      \$1,000,000 \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?    Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT      \$ E.L. DISEASE - EA EMPLOYEE      \$ E.L. DISEASE - POLICY LIMIT      \$
B	A&H			SRG0009133720	01/01/2020	01/01/2021	SEE REMARKS
C	D&O			EPP2452954	01/23/2020	01/23/2021	SEE REMARKS

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**THE CERTIFICATE HOLDER is added as an additional insured with respects to general liability coverage but only with respect to liability arising out of the operations of the named insureds league.**  
**Sexual Abuse / Molestation limits are as follows: \$1,000,000 EACH OCCURRENCE / \$2,000,000 AGGREGATE**  
**THIS POLICY DOES NOT EXCLUDE CONCUSSIONS**

(See Attached Descriptions)

<b>CERTIFICATE HOLDER</b> RAMSDALL MIDDLE SCHOOL 9 NORTH CHAPPELL STREET PO BOX 1150 Jordan, NY 13080-0000	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
--	--

## DESCRIPTIONS (Continued from Page 1)

### YOUTH PARTICIPANTS ACCIDENT & HEALTH COVERAGE

Accidental Death, Accidental Dismemberment (AD&D) Benefit: \$10,000 Maximum amount  
Accident Medical Expense Benefit: \$250,000  
Deductible: \$250  
per accident  
Dental Maximum: \$250 per  
tooth/per accident  
Incurral Period: within 90 days of the date of the accident causing the Injury  
Benefit Payout Period: payable only for such charges incurred within 52 weeks after the date of the  
accident causing the Injury

### CRIME PROTECTION POLICY NUMBER 197008660 COMPANY: HCC

Crime / Employee Theft \$25,000  
Deductible \$500

### DIRECTORS & OFFICERS

Directors & Officers Limit \$1,000,000  
Retention \$1,000  
Aggregate Limit \$1,000,000

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
12/12/2019

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

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

<b>PRODUCER</b> <b>ESP INSURANCE BROKERAGE LLC</b> 306 Main Street Worcester, MA 01608	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): -      FAX (A/C, No):	
	<b>E-MAIL ADDRESS:</b>	
<b>INSURED</b> <b>FINGER LAKES YOUTH FOOTBALL AND CHEERLEADING LEAGUE INC</b> PO BOX 35 Lyons, NY 14489	<b>INSURER(S) AFFORDING COVERAGE</b>	
	INSURER A : Houston Casualty Company <b>NAIC # 42374</b>	
	INSURER B : AIG Insurance <b>19402</b>	
	INSURER C : Great American Ins Co. (IL)	
	INSURER D :	
	INSURER E :	

**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 INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence)      \$300,000 MED EXP (Any one person)      \$ PERSONAL & ADV INJURY      \$1,000,000 GENERAL AGGREGATE      \$5,000,000 PRODUCTS - COMP/OP AGG      \$5,000,000 \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)      \$ BODILY INJURY (Per person)      \$ BODILY INJURY (Per accident)      \$ PROPERTY DAMAGE (Per accident)      \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$1,000,000 AGGREGATE      \$1,000,000 \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?    Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT      \$ E.L. DISEASE - EA EMPLOYEE      \$ E.L. DISEASE - POLICY LIMIT      \$
B	A&H			SRG0009133720	01/01/2020	01/01/2021	SEE REMARKS
C	D&O			EPP2452954	01/23/2020	01/23/2021	SEE REMARKS

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

THE CERTIFICATE HOLDER is added as an additional insured with respects to general liability coverage but only with respect to liability arising out of the operations of the named insureds league.  
 Sexual Abuse / Molestation limits are as follows: \$1,000,000 EACH OCCURRENCE / \$2,000,000 AGGREGATE  
 THIS POLICY DOES NOT EXCLUDE CONCUSSIONS

(See Attached Descriptions)

<b>CERTIFICATE HOLDER</b> RECREATION CENTER 35 WATER STREET Seneca Falls, NY 13148-0000	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
--	--

## DESCRIPTIONS (Continued from Page 1)

### YOUTH PARTICIPANTS ACCIDENT & HEALTH COVERAGE

Accidental Death, Accidental Dismemberment (AD&D) Benefit: \$10,000 Maximum amount  
Accident Medical Expense Benefit: \$250,000  
Deductible: \$250  
per accident  
Dental Maximum: \$250 per  
tooth/per accident  
Incurral Period: within 90 days of the date of the accident causing the Injury  
Benefit Payout Period: payable only for such charges incurred within 52 weeks after the date of the  
accident causing the Injury

### CRIME PROTECTION POLICY NUMBER 197008660 COMPANY: HCC

Crime / Employee Theft \$25,000  
Deductible \$500

### DIRECTORS & OFFICERS

Directors & Officers Limit \$1,000,000  
Retention \$1,000  
Aggregate Limit \$1,000,000

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
12/12/2019

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

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


<b>PRODUCER</b> <b>ESP INSURANCE BROKERAGE LLC</b> 306 Main Street Worcester, MA 01608	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): -      FAX (A/C, No):	
	<b>E-MAIL ADDRESS:</b>	
<b>INSURED</b> <b>FINGER LAKES YOUTH FOOTBALL AND CHEERLEADING LEAGUE INC</b> PO BOX 35 Lyons, NY 14489	<b>INSURER(S) AFFORDING COVERAGE</b>	
	INSURER A : Houston Casualty Company	<b>NAIC #</b> <b>42374</b>
	INSURER B : AIG Insurance	<b>19402</b>
	INSURER C : Great American Ins Co. (IL)	
	INSURER D :	
	INSURER E :	

**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 INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$ <b>1,000,000</b>
							DAMAGE TO RENTED PREMISES (Ea occurrence)      \$ <b>300,000</b>
							MED EXP (Any one person)      \$
							PERSONAL & ADV INJURY      \$ <b>1,000,000</b>
							GENERAL AGGREGATE      \$ <b>5,000,000</b>
							PRODUCTS - COMP/OP AGG      \$ <b>5,000,000</b>
							\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)      \$
							BODILY INJURY (Per person)      \$
							BODILY INJURY (Per accident)      \$
							PROPERTY DAMAGE (Per accident)      \$
							\$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$ <b>1,000,000</b>
							AGGREGATE      \$ <b>1,000,000</b>
							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?    Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT      \$ E.L. DISEASE - EA EMPLOYEE      \$ E.L. DISEASE - POLICY LIMIT      \$
B	A&H			SRG0009133720	01/01/2020	01/01/2021	SEE REMARKS
C	D&O			EPP2452954	01/23/2020	01/23/2021	SEE REMARKS

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**THE CERTIFICATE HOLDER is added as an additional insured with respects to general liability coverage but only with respect to liability arising out of the operations of the named insureds league.**  
**Sexual Abuse / Molestation limits are as follows: \$1,000,000 EACH OCCURRENCE / \$2,000,000 AGGREGATE**  
**THIS POLICY DOES NOT EXCLUDE CONCUSSIONS**  
 (See Attached Descriptions)

<b>CERTIFICATE HOLDER</b>  SAVANNAH ELEMENTARY WELLINGTON AVENUE Savannah, NY 13146-0000	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  
--	--

## DESCRIPTIONS (Continued from Page 1)

### YOUTH PARTICIPANTS ACCIDENT & HEALTH COVERAGE

Accidental Death, Accidental Dismemberment (AD&D) Benefit: \$10,000 Maximum amount  
Accident Medical Expense Benefit: \$250,000  
Deductible: \$250  
per accident  
Dental Maximum: \$250 per  
tooth/per accident  
Incurral Period: within 90 days of the date of the accident causing the Injury  
Benefit Payout Period: payable only for such charges incurred within 52 weeks after the date of the  
accident causing the Injury

### CRIME PROTECTION POLICY NUMBER 197008660 COMPANY: HCC

Crime / Employee Theft \$25,000  
Deductible \$500

### DIRECTORS & OFFICERS

Directors & Officers Limit \$1,000,000  
Retention \$1,000  
Aggregate Limit \$1,000,000



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 <b>ESP INSURANCE BROKERAGE LLC</b> 306 Main Street Worcester, MA 01608	CONTACT NAME: PHONE (A/C, No, Ext): -      FAX (A/C, No):
	E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE      NAIC #
INSURED <b>FINGER LAKES YOUTH FOOTBALL AND CHEERLEADING LEAGUE INC</b> PO BOX 35 Lyons, NY 14489	INSURER A : Houston Casualty Company <b>42374</b>
	INSURER B : AIG Insurance <b>19402</b>
	INSURER C : Great American Ins Co. (IL)
	INSURER D :
	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 INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$ <b>1,000,000</b>
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						DAMAGE TO RENTED PREMISES (Ea occurrence)      \$ <b>300,000</b> MED EXP (Any one person)      \$ PERSONAL & ADV INJURY      \$ <b>1,000,000</b> GENERAL AGGREGATE      \$ <b>5,000,000</b> PRODUCTS - COMP/OP AGG      \$ <b>5,000,000</b> \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$ <b>1,000,000</b>
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?    Y/N <input type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						COMBINED SINGLE LIMIT (Ea accident)      \$ BODILY INJURY (Per person)      \$ BODILY INJURY (Per accident)      \$ PROPERTY DAMAGE (Per accident)      \$ \$
B	A&H			SRG0009133720	01/01/2020	01/01/2021	SEE REMARKS
C	D&O			EPP2452954	01/23/2020	01/23/2021	SEE REMARKS

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**THE CERTIFICATE HOLDER is added as an additional insured with respects to general liability coverage but only with respect to liability arising out of the operations of the named insureds league.**  
**Sexual Abuse / Molestation limits are as follows: \$1,000,000 EACH OCCURRENCE / \$2,000,000 AGGREGATE**  
**THIS POLICY DOES NOT EXCLUDE CONCUSSIONS**  
 (See Attached Descriptions)

<b>CERTIFICATE HOLDER</b> SENECA FALLS CENTRAL SCHOOL DISTRICT 98 CLINTON STREET Seneca Falls, NY 13148-0000	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
---	--

## DESCRIPTIONS (Continued from Page 1)

### YOUTH PARTICIPANTS ACCIDENT & HEALTH COVERAGE

Accidental Death, Accidental Dismemberment (AD&D) Benefit: \$10,000 Maximum amount  
Accident Medical Expense Benefit: \$250,000  
Deductible: \$250  
per accident  
Dental Maximum: \$250 per  
tooth/per accident  
Incurral Period: within 90 days of the date of the accident causing the Injury  
Benefit Payout Period: payable only for such charges incurred within 52 weeks after the date of the  
accident causing the Injury

### CRIME PROTECTION POLICY NUMBER 197008660 COMPANY: HCC

Crime / Employee Theft \$25,000  
Deductible \$500

### DIRECTORS & OFFICERS

Directors & Officers Limit \$1,000,000  
Retention \$1,000  
Aggregate Limit \$1,000,000

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

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


<b>PRODUCER</b> <b>ESP INSURANCE BROKERAGE LLC</b> 306 Main Street Worcester, MA 01608	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): -      FAX (A/C, No):	
	<b>E-MAIL ADDRESS:</b>	
<b>INSURED</b> <b>FINGER LAKES YOUTH FOOTBALL AND CHEERLEADING LEAGUE INC</b> PO BOX 35 Lyons, NY 14489	<b>INSURER(S) AFFORDING COVERAGE</b>	
	INSURER A : Houston Casualty Company	<b>NAIC #</b> <b>42374</b>
	INSURER B : AIG Insurance	<b>19402</b>
	INSURER C : Great American Ins Co. (IL)	
	INSURER D :	
	INSURER E :	

**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 INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$ <b>1,000,000</b>
							DAMAGE TO RENTED PREMISES (Ea occurrence)      \$ <b>300,000</b>
							MED EXP (Any one person)      \$
							PERSONAL & ADV INJURY      \$ <b>1,000,000</b>
							GENERAL AGGREGATE      \$ <b>5,000,000</b>
							PRODUCTS - COMP/OP AGG      \$ <b>5,000,000</b>
							\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)      \$
							BODILY INJURY (Per person)      \$
							BODILY INJURY (Per accident)      \$
							PROPERTY DAMAGE (Per accident)      \$
							\$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$ <b>1,000,000</b>
							AGGREGATE      \$ <b>1,000,000</b>
							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?    Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT      \$ E.L. DISEASE - EA EMPLOYEE      \$ E.L. DISEASE - POLICY LIMIT      \$
B	A&H			SRG0009133720	01/01/2020	01/01/2021	SEE REMARKS
C	D&O			EPP2452954	01/23/2020	01/23/2021	SEE REMARKS

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**THE CERTIFICATE HOLDER is added as an additional insured with respects to general liability coverage but only with respect to liability arising out of the operations of the named insureds league.**  
**Sexual Abuse / Molestation limits are as follows: \$1,000,000 EACH OCCURRENCE / \$2,000,000 AGGREGATE**  
**THIS POLICY DOES NOT EXCLUDE CONCUSSIONS**  
 (See Attached Descriptions)

<b>CERTIFICATE HOLDER</b>  SENECA FALLS LIBRARY 47 CAYUGA STREET Seneca Falls, NY 13148-0000	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
--	--

## DESCRIPTIONS (Continued from Page 1)

### YOUTH PARTICIPANTS ACCIDENT & HEALTH COVERAGE

Accidental Death, Accidental Dismemberment (AD&D) Benefit: \$10,000 Maximum amount  
Accident Medical Expense Benefit: \$250,000  
Deductible: \$250  
per accident  
Dental Maximum: \$250 per  
tooth/per accident  
Incurral Period: within 90 days of the date of the accident causing the Injury  
Benefit Payout Period: payable only for such charges incurred within 52 weeks after the date of the  
accident causing the Injury

### CRIME PROTECTION POLICY NUMBER 197008660 COMPANY: HCC

Crime / Employee Theft \$25,000  
Deductible \$500

### DIRECTORS & OFFICERS

Directors & Officers Limit \$1,000,000  
Retention \$1,000  
Aggregate Limit \$1,000,000

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
12/12/2019

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

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


<b>PRODUCER</b> <b>ESP INSURANCE BROKERAGE LLC</b> 306 Main Street Worcester, MA 01608	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): -      FAX (A/C, No):	
	<b>E-MAIL ADDRESS:</b>	
<b>INSURED</b> <b>FINGER LAKES YOUTH FOOTBALL AND CHEERLEADING LEAGUE INC</b> PO BOX 35 Lyons, NY 14489	<b>INSURER(S) AFFORDING COVERAGE</b>	
	INSURER A : Houston Casualty Company	<b>NAIC #</b> <b>42374</b>
	INSURER B : AIG Insurance	<b>19402</b>
	INSURER C : Great American Ins Co. (IL)	
	INSURER D :	
	INSURER E :	

**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 INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$ <b>1,000,000</b>
							DAMAGE TO RENTED PREMISES (Ea occurrence)      \$ <b>300,000</b>
							MED EXP (Any one person)      \$
							PERSONAL & ADV INJURY      \$ <b>1,000,000</b>
							GENERAL AGGREGATE      \$ <b>5,000,000</b>
							PRODUCTS - COMP/OP AGG      \$ <b>5,000,000</b>
							\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)      \$ BODILY INJURY (Per person)      \$ BODILY INJURY (Per accident)      \$ PROPERTY DAMAGE (Per accident)      \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$ <b>1,000,000</b>
							AGGREGATE      \$ <b>1,000,000</b>
							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?    Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT      \$ E.L. DISEASE - EA EMPLOYEE      \$ E.L. DISEASE - POLICY LIMIT      \$
B	A&H			SRG0009133720	01/01/2020	01/01/2021	<b>SEE REMARKS</b>
C	D&O			EPP2452954	01/23/2020	01/23/2021	<b>SEE REMARKS</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**THE CERTIFICATE HOLDER is added as an additional insured with respects to general liability coverage but only with respect to liability arising out of the operations of the named insureds league.**  
**Sexual Abuse / Molestation limits are as follows: \$1,000,000 EACH OCCURRENCE / \$2,000,000 AGGREGATE**  
**THIS POLICY DOES NOT EXCLUDE CONCUSSIONS**  
 (See Attached Descriptions)

<b>CERTIFICATE HOLDER</b>  SKANEATELES CENTRAL SCHOOL DISTRICT 55 EAST STREET Skaneateles, NY 13152-0000	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
--	--

## DESCRIPTIONS (Continued from Page 1)

### YOUTH PARTICIPANTS ACCIDENT & HEALTH COVERAGE

Accidental Death, Accidental Dismemberment (AD&D) Benefit: \$10,000 Maximum amount  
Accident Medical Expense Benefit: \$250,000  
Deductible: \$250  
per accident  
Dental Maximum: \$250 per  
tooth/per accident  
Incurral Period: within 90 days of the date of the accident causing the Injury  
Benefit Payout Period: payable only for such charges incurred within 52 weeks after the date of the  
accident causing the Injury

### CRIME PROTECTION POLICY NUMBER 197008660 COMPANY: HCC

Crime / Employee Theft \$25,000  
Deductible \$500

### DIRECTORS & OFFICERS

Directors & Officers Limit \$1,000,000  
Retention \$1,000  
Aggregate Limit \$1,000,000

### EVIDENCE OF INSURANCE FOR SKANEATELES FOOTBALL CLUB, INC - MEMBER OF FINGER LAKES YOUTH FOOTBALL & CHEERLEADING

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

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


<b>PRODUCER</b> <b>ESP INSURANCE BROKERAGE LLC</b> 306 Main Street Worcester, MA 01608	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): -      FAX (A/C, No):	
	<b>E-MAIL ADDRESS:</b>	
<b>INSURED</b> <b>FINGER LAKES YOUTH FOOTBALL AND CHEERLEADING LEAGUE INC</b> PO BOX 35 Lyons, NY 14489	<b>INSURER(S) AFFORDING COVERAGE</b>	
	INSURER A : Houston Casualty Company	<b>NAIC #</b> <b>42374</b>
	INSURER B : AIG Insurance	<b>19402</b>
	INSURER C : Great American Ins Co. (IL)	
	INSURER D :	
	INSURER E :	

**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 INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$ <b>1,000,000</b>
							DAMAGE TO RENTED PREMISES (Ea occurrence)      \$ <b>300,000</b>
							MED EXP (Any one person)      \$
							PERSONAL & ADV INJURY      \$ <b>1,000,000</b>
							GENERAL AGGREGATE      \$ <b>5,000,000</b>
							PRODUCTS - COMP/OP AGG      \$ <b>5,000,000</b>
							\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)      \$
							BODILY INJURY (Per person)      \$
							BODILY INJURY (Per accident)      \$
							PROPERTY DAMAGE (Per accident)      \$
							\$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$ <b>1,000,000</b>
							AGGREGATE      \$ <b>1,000,000</b>
							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?    Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT      \$ E.L. DISEASE - EA EMPLOYEE      \$ E.L. DISEASE - POLICY LIMIT      \$
B	A&H			SRG0009133720	01/01/2020	01/01/2021	SEE REMARKS
C	D&O			EPP2452954	01/23/2020	01/23/2021	SEE REMARKS

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**THE CERTIFICATE HOLDER is added as an additional insured with respects to general liability coverage but only with respect to liability arising out of the operations of the named insureds league.**  
**Sexual Abuse / Molestation limits are as follows: \$1,000,000 EACH OCCURRENCE / \$2,000,000 AGGREGATE**  
**THIS POLICY DOES NOT EXCLUDE CONCUSSIONS**  
 (See Attached Descriptions)

<b>CERTIFICATE HOLDER</b>  SKANEATELES CENTRAL SCHOOLS 49 E ELIZABETH STREET Skaneateles, NY 13152-0000	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
---	--

## DESCRIPTIONS (Continued from Page 1)

### YOUTH PARTICIPANTS ACCIDENT & HEALTH COVERAGE

Accidental Death, Accidental Dismemberment (AD&D) Benefit: \$10,000 Maximum amount  
Accident Medical Expense Benefit: \$250,000  
Deductible: \$250  
per accident  
Dental Maximum: \$250 per  
tooth/per accident  
Incurral Period: within 90 days of the date of the accident causing the Injury  
Benefit Payout Period: payable only for such charges incurred within 52 weeks after the date of the  
accident causing the Injury

### CRIME PROTECTION POLICY NUMBER 197008660 COMPANY: HCC

Crime / Employee Theft \$25,000  
Deductible \$500

### DIRECTORS & OFFICERS

Directors & Officers Limit \$1,000,000  
Retention \$1,000  
Aggregate Limit \$1,000,000



**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
12/12/2019

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

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

<b>PRODUCER</b> <b>ESP INSURANCE BROKERAGE LLC</b> 306 Main Street Worcester, MA 01608	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): -      FAX (A/C, No):	
	<b>E-MAIL ADDRESS:</b>	
<b>INSURED</b> <b>FINGER LAKES YOUTH FOOTBALL AND CHEERLEADING LEAGUE INC</b> PO BOX 35 Lyons, NY 14489	<b>INSURER(S) AFFORDING COVERAGE</b>	
	INSURER A : Houston Casualty Company	<b>NAIC #</b> <b>42374</b>
	INSURER B : AIG Insurance	<b>19402</b>
	INSURER C : Great American Ins Co. (IL)	
	INSURER D :	
	INSURER E :	


**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 INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$ <b>1,000,000</b>
							DAMAGE TO RENTED PREMISES (Ea occurrence)      \$ <b>300,000</b>
							MED EXP (Any one person)      \$
							PERSONAL & ADV INJURY      \$ <b>1,000,000</b>
							GENERAL AGGREGATE      \$ <b>5,000,000</b>
							PRODUCTS - COMP/OP AGG      \$ <b>5,000,000</b>
							\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)      \$ BODILY INJURY (Per person)      \$ BODILY INJURY (Per accident)      \$ PROPERTY DAMAGE (Per accident)      \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$ <b>1,000,000</b>
							AGGREGATE      \$ <b>1,000,000</b>
							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?    Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT      \$ E.L. DISEASE - EA EMPLOYEE      \$ E.L. DISEASE - POLICY LIMIT      \$
B	A&H			SRG0009133720	01/01/2020	01/01/2021	SEE REMARKS
C	D&O			EPP2452954	01/23/2020	01/23/2021	SEE REMARKS

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**THE CERTIFICATE HOLDER is added as an additional insured with respects to general liability coverage but only with respect to liability arising out of the operations of the named insureds league.**  
**Sexual Abuse / Molestation limits are as follows: \$1,000,000 EACH OCCURRENCE / \$2,000,000 AGGREGATE**  
**THIS POLICY DOES NOT EXCLUDE CONCUSSIONS**

(See Attached Descriptions)

<b>CERTIFICATE HOLDER</b>  SMS 95 OVID STREET Seneca Falls, NY 13148-0000	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  
---	--

## DESCRIPTIONS (Continued from Page 1)

### YOUTH PARTICIPANTS ACCIDENT & HEALTH COVERAGE

Accidental Death, Accidental Dismemberment (AD&D) Benefit: \$10,000 Maximum amount  
Accident Medical Expense Benefit: \$250,000  
Deductible: \$250  
per accident  
Dental Maximum: \$250 per  
tooth/per accident  
Incurral Period: within 90 days of the date of the accident causing the Injury  
Benefit Payout Period: payable only for such charges incurred within 52 weeks after the date of the  
accident causing the Injury

### CRIME PROTECTION POLICY NUMBER 197008660 COMPANY: HCC

Crime / Employee Theft \$25,000  
Deductible \$500

### DIRECTORS & OFFICERS

Directors & Officers Limit \$1,000,000  
Retention \$1,000  
Aggregate Limit \$1,000,000

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
12/12/2019

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

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

<b>PRODUCER</b> <b>ESP INSURANCE BROKERAGE LLC</b> 306 Main Street Worcester, MA 01608	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): -      FAX (A/C, No):	
	<b>E-MAIL ADDRESS:</b>	
<b>INSURED</b> <b>FINGER LAKES YOUTH FOOTBALL AND CHEERLEADING LEAGUE INC</b> PO BOX 35 Lyons, NY 14489	<b>INSURER(S) AFFORDING COVERAGE</b>	
	INSURER A : Houston Casualty Company <b>NAIC # 42374</b>	
	INSURER B : AIG Insurance <b>19402</b>	
	INSURER C : Great American Ins Co. (IL)	
	INSURER D :	
	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 INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence)      \$300,000 MED EXP (Any one person)      \$ PERSONAL & ADV INJURY      \$1,000,000 GENERAL AGGREGATE      \$5,000,000 PRODUCTS - COMP/OP AGG      \$5,000,000 \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)      \$ BODILY INJURY (Per person)      \$ BODILY INJURY (Per accident)      \$ PROPERTY DAMAGE (Per accident)      \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$1,000,000 AGGREGATE      \$1,000,000 \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?    Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT      \$ E.L. DISEASE - EA EMPLOYEE      \$ E.L. DISEASE - POLICY LIMIT      \$
B	A&H			SRG0009133720	01/01/2020	01/01/2021	SEE REMARKS
C	D&O			EPP2452954	01/23/2020	01/23/2021	SEE REMARKS

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**THE CERTIFICATE HOLDER is added as an additional insured with respects to general liability coverage but only with respect to liability arising out of the operations of the named insureds league.**  
**Sexual Abuse / Molestation limits are as follows: \$1,000,000 EACH OCCURRENCE / \$2,000,000 AGGREGATE**  
**THIS POLICY DOES NOT EXCLUDE CONCUSSIONS**

(See Attached Descriptions)

<b>CERTIFICATE HOLDER</b> ST. JOHN FISHER COLLEGE 3690 EAST AVENUE Rochester, NY 14618-0000	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
--	--

## DESCRIPTIONS (Continued from Page 1)

### YOUTH PARTICIPANTS ACCIDENT & HEALTH COVERAGE

Accidental Death, Accidental Dismemberment (AD&D) Benefit: \$10,000 Maximum amount  
Accident Medical Expense Benefit: \$250,000  
Deductible: \$250  
per accident  
Dental Maximum: \$250 per  
tooth/per accident  
Incurral Period: within 90 days of the date of the accident causing the Injury  
Benefit Payout Period: payable only for such charges incurred within 52 weeks after the date of the  
accident causing the Injury

### CRIME PROTECTION POLICY NUMBER 197008660 COMPANY: HCC

Crime / Employee Theft \$25,000  
Deductible \$500

### DIRECTORS & OFFICERS

Directors & Officers Limit \$1,000,000  
Retention \$1,000  
Aggregate Limit \$1,000,000

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
12/12/2019

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

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

<b>PRODUCER</b> <b>ESP INSURANCE BROKERAGE LLC</b> 306 Main Street Worcester, MA 01608	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): -      FAX (A/C, No): E-MAIL ADDRESS:
	INSURER(S) AFFORDING COVERAGE      NAIC # INSURER A : Houston Casualty Company <b>42374</b> INSURER B : AIG Insurance <b>19402</b> INSURER C : Great American Ins Co. (IL) INSURER D : INSURER E : INSURER F :
<b>INSURED</b> <b>FINGER LAKES YOUTH FOOTBALL AND CHEERLEADING LEAGUE INC</b> PO BOX 35 Lyons, NY 14489	


**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 INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>A</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<b>X</b>		<b>197008660</b>	<b>01/01/2020</b>	<b>01/01/2021</b>	EACH OCCURRENCE <b>\$1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) <b>\$300,000</b> MED EXP (Any one person)      \$ PERSONAL & ADV INJURY <b>\$1,000,000</b> GENERAL AGGREGATE <b>\$5,000,000</b> PRODUCTS - COMP/OP AGG <b>\$5,000,000</b> \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)      \$ BODILY INJURY (Per person)      \$ BODILY INJURY (Per accident)      \$ PROPERTY DAMAGE (Per accident)      \$ \$
<b>A</b>	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$	<b>X</b>		<b>197008660</b>	<b>01/01/2020</b>	<b>01/01/2021</b>	EACH OCCURRENCE <b>\$1,000,000</b> AGGREGATE <b>\$1,000,000</b> \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?    Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		<b>N / A</b>				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT      \$ E.L. DISEASE - EA EMPLOYEE      \$ E.L. DISEASE - POLICY LIMIT      \$
<b>B</b>	<b>A&amp;H</b>			<b>SRG0009133720</b>	<b>01/01/2020</b>	<b>01/01/2021</b>	<b>SEE REMARKS</b>
<b>C</b>	<b>D&amp;O</b>			<b>EPP2452954</b>	<b>01/23/2020</b>	<b>01/23/2021</b>	<b>SEE REMARKS</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**THE CERTIFICATE HOLDER is added as an additional insured with respects to general liability coverage but only with respect to liability arising out of the operations of the named insureds league.**  
**Sexual Abuse / Molestation limits are as follows: \$1,000,000 EACH OCCURRENCE / \$2,000,000 AGGREGATE**  
**THIS POLICY DOES NOT EXCLUDE CONCUSSIONS**

(See Attached Descriptions)

<b>CERTIFICATE HOLDER</b> SYRACUSE UNIVERSITY ATHLETICS - CARRIER DOME 900 IRVING AVE Syracuse, NY 13244-0000	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
--	--

## DESCRIPTIONS (Continued from Page 1)

### YOUTH PARTICIPANTS ACCIDENT & HEALTH COVERAGE

Accidental Death, Accidental Dismemberment (AD&D) Benefit: \$10,000 Maximum amount  
Accident Medical Expense Benefit: \$250,000  
Deductible: \$250  
per accident  
Dental Maximum: \$250 per  
tooth/per accident  
Incurral Period: within 90 days of the date of the accident causing the Injury  
Benefit Payout Period: payable only for such charges incurred within 52 weeks after the date of the  
accident causing the Injury

### CRIME PROTECTION POLICY NUMBER 197008660 COMPANY: HCC

Crime / Employee Theft \$25,000  
Deductible \$500

### DIRECTORS & OFFICERS

Directors & Officers Limit \$1,000,000  
Retention \$1,000  
Aggregate Limit \$1,000,000

**CERTIFICATE OF LIABILITY INSURANCE**

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

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


<b>PRODUCER</b> <b>ESP INSURANCE BROKERAGE LLC</b> 306 Main Street Worcester, MA 01608	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): -      FAX (A/C, No): E-MAIL ADDRESS:
	INSURER(S) AFFORDING COVERAGE      NAIC # INSURER A : Houston Casualty Company <b>42374</b> INSURER B : AIG Insurance <b>19402</b> INSURER C : Great American Ins Co. (IL) INSURER D : INSURER E : INSURER F :
<b>INSURED</b> <b>FINGER LAKES YOUTH FOOTBALL AND CHEERLEADING LEAGUE INC</b> PO BOX 35 Lyons, NY 14489	

**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 INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>A</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<b>X</b>		<b>197008660</b>	<b>01/01/2020</b>	<b>01/01/2021</b>	EACH OCCURRENCE      \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence)      \$ <b>300,000</b> MED EXP (Any one person)      \$ PERSONAL & ADV INJURY      \$ <b>1,000,000</b> GENERAL AGGREGATE      \$ <b>5,000,000</b> PRODUCTS - COMP/OP AGG      \$ <b>5,000,000</b> \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)      \$ BODILY INJURY (Per person)      \$ BODILY INJURY (Per accident)      \$ PROPERTY DAMAGE (Per accident)      \$ \$
<b>A</b>	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$	<b>X</b>		<b>197008660</b>	<b>01/01/2020</b>	<b>01/01/2021</b>	EACH OCCURRENCE      \$ <b>1,000,000</b> AGGREGATE      \$ <b>1,000,000</b> \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?    Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		<b>N/A</b>				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT      \$ E.L. DISEASE - EA EMPLOYEE      \$ E.L. DISEASE - POLICY LIMIT      \$
<b>B</b>	<b>A&amp;H</b>			<b>SRG0009133720</b>	<b>01/01/2020</b>	<b>01/01/2021</b>	<b>SEE REMARKS</b>
<b>C</b>	<b>D&amp;O</b>			<b>EPP2452954</b>	<b>01/23/2020</b>	<b>01/23/2021</b>	<b>SEE REMARKS</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**THE CERTIFICATE HOLDER is added as an additional insured with respects to general liability coverage but only with respect to liability arising out of the operations of the named insureds league.**  
**Sexual Abuse / Molestation limits are as follows: \$1,000,000 EACH OCCURRENCE / \$2,000,000 AGGREGATE**  
**THIS POLICY DOES NOT EXCLUDE CONCUSSIONS**  
**(See Attached Descriptions)**

<b>CERTIFICATE HOLDER</b> THE GENEVA FAMILY YMCA 399 WILLIAM STREET Geneva, NY 14456-0000	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
--	--

## DESCRIPTIONS (Continued from Page 1)

### YOUTH PARTICIPANTS ACCIDENT & HEALTH COVERAGE

Accidental Death, Accidental Dismemberment (AD&D) Benefit: \$10,000 Maximum amount  
Accident Medical Expense Benefit: \$250,000  
Deductible: \$250  
per accident  
Dental Maximum: \$250 per  
tooth/per accident  
Incurral Period: within 90 days of the date of the accident causing the Injury  
Benefit Payout Period: payable only for such charges incurred within 52 weeks after the date of the  
accident causing the Injury

### CRIME PROTECTION POLICY NUMBER 197008660 COMPANY: HCC

Crime / Employee Theft \$25,000  
Deductible \$500

### DIRECTORS & OFFICERS

Directors & Officers Limit \$1,000,000  
Retention \$1,000  
Aggregate Limit \$1,000,000



**CERTIFICATE OF LIABILITY INSURANCE**

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

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


<b>PRODUCER</b> <b>ESP INSURANCE BROKERAGE LLC</b> 306 Main Street Worcester, MA 01608	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): -      FAX (A/C, No): E-MAIL ADDRESS:
	INSURER(S) AFFORDING COVERAGE      NAIC # INSURER A : Houston Casualty Company <b>42374</b> INSURER B : AIG Insurance <b>19402</b> INSURER C : Great American Ins Co. (IL) INSURER D : INSURER E : INSURER F :
<b>INSURED</b> <b>FINGER LAKES YOUTH FOOTBALL AND CHEERLEADING LEAGUE INC</b> PO BOX 35 Lyons, NY 14489	

**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 INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>A</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<b>X</b>		<b>197008660</b>	<b>01/01/2020</b>	<b>01/01/2021</b>	EACH OCCURRENCE      \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence)      \$ <b>300,000</b> MED EXP (Any one person)      \$ PERSONAL & ADV INJURY      \$ <b>1,000,000</b> GENERAL AGGREGATE      \$ <b>5,000,000</b> PRODUCTS - COMP/OP AGG      \$ <b>5,000,000</b> \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)      \$ BODILY INJURY (Per person)      \$ BODILY INJURY (Per accident)      \$ PROPERTY DAMAGE (Per accident)      \$ \$
<b>A</b>	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$	<b>X</b>		<b>197008660</b>	<b>01/01/2020</b>	<b>01/01/2021</b>	EACH OCCURRENCE      \$ <b>1,000,000</b> AGGREGATE      \$ <b>1,000,000</b> \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?    Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		<b>N/A</b>				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT      \$ E.L. DISEASE - EA EMPLOYEE      \$ E.L. DISEASE - POLICY LIMIT      \$
<b>B</b>	<b>A&amp;H</b>			<b>SRG0009133720</b>	<b>01/01/2020</b>	<b>01/01/2021</b>	<b>SEE REMARKS</b>
<b>C</b>	<b>D&amp;O</b>			<b>EPP2452954</b>	<b>01/23/2020</b>	<b>01/23/2021</b>	<b>SEE REMARKS</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**THE CERTIFICATE HOLDER is added as an additional insured with respects to general liability coverage but only with respect to liability arising out of the operations of the named insureds league.**  
**Sexual Abuse / Molestation limits are as follows: \$1,000,000 EACH OCCURRENCE / \$2,000,000 AGGREGATE**  
**THIS POLICY DOES NOT EXCLUDE CONCUSSIONS**  
**(See Attached Descriptions)**

<b>CERTIFICATE HOLDER</b> TIFFANYS SCHOOL OF DANCE & PERFORMING ARTS CENTER 1351 EAST GENESEE STREET Skaneateles, NY 13152-0000	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
--	--

## DESCRIPTIONS (Continued from Page 1)

### YOUTH PARTICIPANTS ACCIDENT & HEALTH COVERAGE

Accidental Death, Accidental Dismemberment (AD&D) Benefit: \$10,000 Maximum amount  
Accident Medical Expense Benefit: \$250,000  
Deductible: \$250  
per accident  
Dental Maximum: \$250 per  
tooth/per accident  
Incurral Period: within 90 days of the date of the accident causing the Injury  
Benefit Payout Period: payable only for such charges incurred within 52 weeks after the date of the  
accident causing the Injury

### CRIME PROTECTION POLICY NUMBER 197008660 COMPANY: HCC

Crime / Employee Theft \$25,000  
Deductible \$500

### DIRECTORS & OFFICERS

Directors & Officers Limit \$1,000,000  
Retention \$1,000  
Aggregate Limit \$1,000,000

**CERTIFICATE OF LIABILITY INSURANCE**

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

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


<b>PRODUCER</b> <b>ESP INSURANCE BROKERAGE LLC</b> 306 Main Street Worcester, MA 01608	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): -      FAX (A/C, No):	
	<b>E-MAIL ADDRESS:</b>	
<b>INSURED</b> <b>FINGER LAKES YOUTH FOOTBALL AND CHEERLEADING LEAGUE INC</b> PO BOX 35 Lyons, NY 14489	<b>INSURER(S) AFFORDING COVERAGE</b>	
	INSURER A : Houston Casualty Company <b>NAIC # 42374</b>	
	INSURER B : AIG Insurance <b>19402</b>	
	INSURER C : Great American Ins Co. (IL)	
	INSURER D :	
	INSURER E :	

**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 INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$ <b>1,000,000</b>
							DAMAGE TO RENTED PREMISES (Ea occurrence)      \$ <b>300,000</b>
							MED EXP (Any one person)      \$
							PERSONAL & ADV INJURY      \$ <b>1,000,000</b>
							GENERAL AGGREGATE      \$ <b>5,000,000</b>
							PRODUCTS - COMP/OP AGG      \$ <b>5,000,000</b>
							\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)      \$
							BODILY INJURY (Per person)      \$
							BODILY INJURY (Per accident)      \$
							PROPERTY DAMAGE (Per accident)      \$
							\$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$ <b>1,000,000</b>
							AGGREGATE      \$ <b>1,000,000</b>
							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?    Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT      \$ E.L. DISEASE - EA EMPLOYEE      \$ E.L. DISEASE - POLICY LIMIT      \$
B	A&H			SRG0009133720	01/01/2020	01/01/2021	<b>SEE REMARKS</b>
C	D&O			EPP2452954	01/23/2020	01/23/2021	<b>SEE REMARKS</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**THE CERTIFICATE HOLDER is added as an additional insured with respects to general liability coverage but only with respect to liability arising out of the operations of the named insureds league.**  
**Sexual Abuse / Molestation limits are as follows: \$1,000,000 EACH OCCURRENCE / \$2,000,000 AGGREGATE**  
**THIS POLICY DOES NOT EXCLUDE CONCUSSIONS**  
 (See Attached Descriptions)

<b>CERTIFICATE HOLDER</b>  TOWN OF HENRIETTA 475 CALKINS ROAD Henrietta, NY 14467-0000	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
--	--

## DESCRIPTIONS (Continued from Page 1)

### YOUTH PARTICIPANTS ACCIDENT & HEALTH COVERAGE

Accidental Death, Accidental Dismemberment (AD&D) Benefit: \$10,000 Maximum amount  
Accident Medical Expense Benefit: \$250,000  
Deductible: \$250  
per accident  
Dental Maximum: \$250 per  
tooth/per accident  
Incurral Period: within 90 days of the date of the accident causing the Injury  
Benefit Payout Period: payable only for such charges incurred within 52 weeks after the date of the  
accident causing the Injury

### CRIME PROTECTION POLICY NUMBER 197008660 COMPANY: HCC

Crime / Employee Theft \$25,000  
Deductible \$500

### DIRECTORS & OFFICERS

Directors & Officers Limit \$1,000,000  
Retention \$1,000  
Aggregate Limit \$1,000,000

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
12/12/2019

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

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


<b>PRODUCER</b> <b>ESP INSURANCE BROKERAGE LLC</b> 306 Main Street Worcester, MA 01608	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): -      FAX (A/C, No): E-MAIL ADDRESS:
	INSURER(S) AFFORDING COVERAGE      NAIC # INSURER A : Houston Casualty Company <b>42374</b> INSURER B : AIG Insurance <b>19402</b> INSURER C : Great American Ins Co. (IL) INSURER D : INSURER E : INSURER F :
<b>INSURED</b> <b>FINGER LAKES YOUTH FOOTBALL AND CHEERLEADING LEAGUE INC</b> PO BOX 35 Lyons, NY 14489	

**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 INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence)      \$ <b>300,000</b> MED EXP (Any one person)      \$ PERSONAL & ADV INJURY      \$ <b>1,000,000</b> GENERAL AGGREGATE      \$ <b>5,000,000</b> PRODUCTS - COMP/OP AGG      \$ <b>5,000,000</b> \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)      \$ BODILY INJURY (Per person)      \$ BODILY INJURY (Per accident)      \$ PROPERTY DAMAGE (Per accident)      \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$ <b>1,000,000</b> AGGREGATE      \$ <b>1,000,000</b> \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?    Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT      \$ E.L. DISEASE - EA EMPLOYEE      \$ E.L. DISEASE - POLICY LIMIT      \$
B	A&H			SRG0009133720	01/01/2020	01/01/2021	SEE REMARKS
C	D&O			EPP2452954	01/23/2020	01/23/2021	SEE REMARKS

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**THE CERTIFICATE HOLDER is added as an additional insured with respects to general liability coverage but only with respect to liability arising out of the operations of the named insureds league.**  
**Sexual Abuse / Molestation limits are as follows: \$1,000,000 EACH OCCURRENCE / \$2,000,000 AGGREGATE**  
**THIS POLICY DOES NOT EXCLUDE CONCUSSIONS**  
 (See Attached Descriptions)

<b>CERTIFICATE HOLDER</b> ULTIMATE GOAL FAMILY SPORTS CENTER 3800 LEE MULROY RD Marcellus, NY 13108	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
--	--

## DESCRIPTIONS (Continued from Page 1)

### YOUTH PARTICIPANTS ACCIDENT & HEALTH COVERAGE

Accidental Death, Accidental Dismemberment (AD&D) Benefit: \$10,000 Maximum amount  
Accident Medical Expense Benefit: \$250,000  
Deductible: \$250  
per accident  
Dental Maximum: \$250 per  
tooth/per accident  
Incurral Period: within 90 days of the date of the accident causing the Injury  
Benefit Payout Period: payable only for such charges incurred within 52 weeks after the date of the  
accident causing the Injury

### CRIME PROTECTION POLICY NUMBER 197008660 COMPANY: HCC

Crime / Employee Theft \$25,000  
Deductible \$500

### DIRECTORS & OFFICERS

Directors & Officers Limit \$1,000,000  
Retention \$1,000  
Aggregate Limit \$1,000,000

**CERTIFICATE OF LIABILITY INSURANCE**

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

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

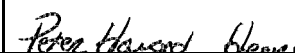
<b>PRODUCER</b> <b>ESP INSURANCE BROKERAGE LLC</b> 306 Main Street Worcester, MA 01608	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): -      FAX (A/C, No): E-MAIL ADDRESS:
	INSURER(S) AFFORDING COVERAGE      NAIC # INSURER A : Houston Casualty Company <b>42374</b> INSURER B : AIG Insurance <b>19402</b> INSURER C : Great American Ins Co. (IL) INSURER D : INSURER E : INSURER F :
<b>INSURED</b> <b>FINGER LAKES YOUTH FOOTBALL AND CHEERLEADING LEAGUE INC</b> PO BOX 35 Lyons, NY 14489	

**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 INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>A</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>		<b>197008660</b>	<b>01/01/2020</b>	<b>01/01/2021</b>	EACH OCCURRENCE      \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence)      \$ <b>300,000</b> MED EXP (Any one person)      \$ PERSONAL & ADV INJURY      \$ <b>1,000,000</b> GENERAL AGGREGATE      \$ <b>5,000,000</b> PRODUCTS - COMP/OP AGG      \$ <b>5,000,000</b> \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)      \$ BODILY INJURY (Per person)      \$ BODILY INJURY (Per accident)      \$ PROPERTY DAMAGE (Per accident)      \$ \$
<b>A</b>	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$	<input checked="" type="checkbox"/>		<b>197008660</b>	<b>01/01/2020</b>	<b>01/01/2021</b>	EACH OCCURRENCE      \$ <b>1,000,000</b> AGGREGATE      \$ <b>1,000,000</b> \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?    Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT      \$ E.L. DISEASE - EA EMPLOYEE      \$ E.L. DISEASE - POLICY LIMIT      \$
<b>B</b>	<b>A&amp;H</b>			<b>SRG0009133720</b>	<b>01/01/2020</b>	<b>01/01/2021</b>	<b>SEE REMARKS</b>
<b>C</b>	<b>D&amp;O</b>			<b>EPP2452954</b>	<b>01/23/2020</b>	<b>01/23/2021</b>	<b>SEE REMARKS</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**THE CERTIFICATE HOLDER is added as an additional insured with respects to general liability coverage but only with respect to liability arising out of the operations of the named insureds league.**  
**Sexual Abuse / Molestation limits are as follows: \$1,000,000 EACH OCCURRENCE / \$2,000,000 AGGREGATE**  
**THIS POLICY DOES NOT EXCLUDE CONCUSSIONS**  
 (See Attached Descriptions)

<b>CERTIFICATE HOLDER</b> USA FOOTBALL ASSOCIATION 45 N PENNSYLVANIA ST Indianapolis, IN 46204-0000	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
--	--

## DESCRIPTIONS (Continued from Page 1)

### YOUTH PARTICIPANTS ACCIDENT & HEALTH COVERAGE

Accidental Death, Accidental Dismemberment (AD&D) Benefit: \$10,000 Maximum amount  
Accident Medical Expense Benefit: \$250,000  
Deductible: \$250  
per accident  
Dental Maximum: \$250 per  
tooth/per accident  
Incurral Period: within 90 days of the date of the accident causing the Injury  
Benefit Payout Period: payable only for such charges incurred within 52 weeks after the date of the  
accident causing the Injury

### CRIME PROTECTION POLICY NUMBER 197008660 COMPANY: HCC

Crime / Employee Theft \$25,000  
Deductible \$500

### DIRECTORS & OFFICERS

Directors & Officers Limit \$1,000,000  
Retention \$1,000  
Aggregate Limit \$1,000,000

USA Football, the National Football League, its member professional football teams and clubs, NFL Properties LLC, NFL Ventures, L.P., the NFL Foundation and their respective subsidiaries, affiliates, officers, directors, employees, agents, co-branders and other partners (collectively, the USA Football Parties) shall be included as an additional insured under said policy and HUF Orgs coaches shall be included as named insured.



**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
12/12/2019

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

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


<b>PRODUCER</b> <b>ESP INSURANCE BROKERAGE LLC</b> 306 Main Street Worcester, MA 01608	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): -      FAX (A/C, No):	
	<b>E-MAIL ADDRESS:</b>	
<b>INSURED</b> <b>FINGER LAKES YOUTH FOOTBALL AND CHEERLEADING LEAGUE INC</b> PO BOX 35 Lyons, NY 14489	<b>INSURER(S) AFFORDING COVERAGE</b>	
	INSURER A : Houston Casualty Company	<b>NAIC #</b> <b>42374</b>
	INSURER B : AIG Insurance	<b>19402</b>
	INSURER C : Great American Ins Co. (IL)	
	INSURER D :	
	INSURER E :	

**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 INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$ <b>1,000,000</b>
							DAMAGE TO RENTED PREMISES (Ea occurrence)      \$ <b>300,000</b>
							MED EXP (Any one person)      \$
							PERSONAL & ADV INJURY      \$ <b>1,000,000</b>
							GENERAL AGGREGATE      \$ <b>5,000,000</b>
							PRODUCTS - COMP/OP AGG      \$ <b>5,000,000</b>
							\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)      \$
							BODILY INJURY (Per person)      \$
							BODILY INJURY (Per accident)      \$
							PROPERTY DAMAGE (Per accident)      \$
							\$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$ <b>1,000,000</b>
							AGGREGATE      \$ <b>1,000,000</b>
							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?    Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT      \$ E.L. DISEASE - EA EMPLOYEE      \$ E.L. DISEASE - POLICY LIMIT      \$
B	A&H			SRG0009133720	01/01/2020	01/01/2021	SEE REMARKS
C	D&O			EPP2452954	01/23/2020	01/23/2021	SEE REMARKS

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**THE CERTIFICATE HOLDER is added as an additional insured with respects to general liability coverage but only with respect to liability arising out of the operations of the named insureds league.**  
**Sexual Abuse / Molestation limits are as follows: \$1,000,000 EACH OCCURRENCE / \$2,000,000 AGGREGATE**  
**THIS POLICY DOES NOT EXCLUDE CONCUSSIONS**  
 (See Attached Descriptions)

<b>CERTIFICATE HOLDER</b>  VICTOR CENTRAL SCHOOL 953 HIGH STREET Victor, NY 99999-0000	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
--	--

## DESCRIPTIONS (Continued from Page 1)

### YOUTH PARTICIPANTS ACCIDENT & HEALTH COVERAGE

Accidental Death, Accidental Dismemberment (AD&D) Benefit: \$10,000 Maximum amount  
Accident Medical Expense Benefit: \$250,000  
Deductible: \$250  
per accident  
Dental Maximum: \$250 per  
tooth/per accident  
Incurral Period: within 90 days of the date of the accident causing the Injury  
Benefit Payout Period: payable only for such charges incurred within 52 weeks after the date of the  
accident causing the Injury

### CRIME PROTECTION POLICY NUMBER 197008660 COMPANY: HCC

Crime / Employee Theft \$25,000  
Deductible \$500

### DIRECTORS & OFFICERS

Directors & Officers Limit \$1,000,000  
Retention \$1,000  
Aggregate Limit \$1,000,000

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
12/12/2019

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

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

<b>PRODUCER</b> <b>ESP INSURANCE BROKERAGE LLC</b> 306 Main Street Worcester, MA 01608	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): -      FAX (A/C, No): E-MAIL ADDRESS:
	INSURER(S) AFFORDING COVERAGE      NAIC # INSURER A : Houston Casualty Company <b>42374</b> INSURER B : AIG Insurance <b>19402</b> INSURER C : Great American Ins Co. (IL) INSURER D : INSURER E : INSURER F :
<b>INSURED</b> <b>FINGER LAKES YOUTH FOOTBALL AND CHEERLEADING LEAGUE INC</b> PO BOX 35 Lyons, NY 14489	


**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 INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>A</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>		<b>197008660</b>	<b>01/01/2020</b>	<b>01/01/2021</b>	EACH OCCURRENCE <b>\$1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) <b>\$300,000</b> MED EXP (Any one person)      \$ PERSONAL & ADV INJURY <b>\$1,000,000</b> GENERAL AGGREGATE <b>\$5,000,000</b> PRODUCTS - COMP/OP AGG <b>\$5,000,000</b> \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)      \$ BODILY INJURY (Per person)      \$ BODILY INJURY (Per accident)      \$ PROPERTY DAMAGE (Per accident)      \$ \$
<b>A</b>	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<b>197008660</b>	<b>01/01/2020</b>	<b>01/01/2021</b>	EACH OCCURRENCE <b>\$1,000,000</b> AGGREGATE <b>\$1,000,000</b> \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?    Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT      \$ E.L. DISEASE - EA EMPLOYEE      \$ E.L. DISEASE - POLICY LIMIT      \$
<b>B</b>	<b>A&amp;H</b>			<b>SRG0009133720</b>	<b>01/01/2020</b>	<b>01/01/2021</b>	<b>SEE REMARKS</b>
<b>C</b>	<b>D&amp;O</b>			<b>EPP2452954</b>	<b>01/23/2020</b>	<b>01/23/2021</b>	<b>SEE REMARKS</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**THE CERTIFICATE HOLDER is added as an additional insured with respects to general liability coverage but only with respect to liability arising out of the operations of the named insureds league.**  
**Sexual Abuse / Molestation limits are as follows: \$1,000,000 EACH OCCURRENCE / \$2,000,000 AGGREGATE**  
**THIS POLICY DOES NOT EXCLUDE CONCUSSIONS**

(See Attached Descriptions)

<b>CERTIFICATE HOLDER</b> VILLAGE OF CLIFTON SPRINGS (FABRIZI PARK) 1 WEST MAIN STREET Clifton Springs, NY 14432-0000	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
---	--

## DESCRIPTIONS (Continued from Page 1)

### YOUTH PARTICIPANTS ACCIDENT & HEALTH COVERAGE

Accidental Death, Accidental Dismemberment (AD&D) Benefit: \$10,000 Maximum amount  
Accident Medical Expense Benefit: \$250,000  
Deductible: \$250  
per accident  
Dental Maximum: \$250 per  
tooth/per accident  
Incurral Period: within 90 days of the date of the accident causing the Injury  
Benefit Payout Period: payable only for such charges incurred within 52 weeks after the date of the  
accident causing the Injury

### CRIME PROTECTION POLICY NUMBER 197008660 COMPANY: HCC

Crime / Employee Theft \$25,000  
Deductible \$500

### DIRECTORS & OFFICERS

Directors & Officers Limit \$1,000,000  
Retention \$1,000  
Aggregate Limit \$1,000,000

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
12/12/2019

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

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


<b>PRODUCER</b> <b>ESP INSURANCE BROKERAGE LLC</b> 306 Main Street Worcester, MA 01608	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): -      FAX (A/C, No):	
	<b>E-MAIL ADDRESS:</b>	
<b>INSURED</b> <b>FINGER LAKES YOUTH FOOTBALL AND CHEERLEADING LEAGUE INC</b> PO BOX 35 Lyons, NY 14489	<b>INSURER(S) AFFORDING COVERAGE</b>	
	INSURER A : Houston Casualty Company	<b>NAIC #</b> <b>42374</b>
	INSURER B : AIG Insurance	<b>19402</b>
	INSURER C : Great American Ins Co. (IL)	
	INSURER D :	
	INSURER E :	

**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 INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>300,000</b> MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>5,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>5,000,000</b> \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE \$ <b>1,000,000</b> AGGREGATE \$ <b>1,000,000</b> \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	A&H			SRG0009133720	01/01/2020	01/01/2021	SEE REMARKS
C	D&O			EPP2452954	01/23/2020	01/23/2021	SEE REMARKS

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**THE CERTIFICATE HOLDER is added as an additional insured with respects to general liability coverage but only with respect to liability arising out of the operations of the named insureds league.**  
**Sexual Abuse / Molestation limits are as follows: \$1,000,000 EACH OCCURRENCE / \$2,000,000 AGGREGATE**  
**THIS POLICY DOES NOT EXCLUDE CONCUSSIONS**  
 (See Attached Descriptions)

<b>CERTIFICATE HOLDER</b> VILLAGE OF EAST ROCHESTER (EDMUND LYON PARK) 201 PARK DRIVE East Rochester, NY 14445-0000	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
---	--

## DESCRIPTIONS (Continued from Page 1)

### YOUTH PARTICIPANTS ACCIDENT & HEALTH COVERAGE

Accidental Death, Accidental Dismemberment (AD&D) Benefit: \$10,000 Maximum amount  
Accident Medical Expense Benefit: \$250,000  
Deductible: \$250  
per accident  
Dental Maximum: \$250 per  
tooth/per accident  
Incurral Period: within 90 days of the date of the accident causing the Injury  
Benefit Payout Period: payable only for such charges incurred within 52 weeks after the date of the  
accident causing the Injury

### CRIME PROTECTION POLICY NUMBER 197008660 COMPANY: HCC

Crime / Employee Theft \$25,000  
Deductible \$500

### DIRECTORS & OFFICERS

Directors & Officers Limit \$1,000,000  
Retention \$1,000  
Aggregate Limit \$1,000,000

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

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

<b>PRODUCER</b> <b>ESP INSURANCE BROKERAGE LLC</b> 306 Main Street Worcester, MA 01608	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): -      FAX (A/C, No): E-MAIL ADDRESS:
	INSURER(S) AFFORDING COVERAGE      NAIC # INSURER A : Houston Casualty Company <b>42374</b> INSURER B : AIG Insurance <b>19402</b> INSURER C : Great American Ins Co. (IL) INSURER D : INSURER E : INSURER F :
<b>INSURED</b> <b>FINGER LAKES YOUTH FOOTBALL AND CHEERLEADING LEAGUE INC</b> PO BOX 35 Lyons, NY 14489	

**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 INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>A</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>		<b>197008660</b>	<b>01/01/2020</b>	<b>01/01/2021</b>	EACH OCCURRENCE      \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence)      \$ <b>300,000</b> MED EXP (Any one person)      \$ PERSONAL & ADV INJURY      \$ <b>1,000,000</b> GENERAL AGGREGATE      \$ <b>5,000,000</b> PRODUCTS - COMP/OP AGG      \$ <b>5,000,000</b> \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)      \$ BODILY INJURY (Per person)      \$ BODILY INJURY (Per accident)      \$ PROPERTY DAMAGE (Per accident)      \$ \$
<b>A</b>	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$	<input checked="" type="checkbox"/>		<b>197008660</b>	<b>01/01/2020</b>	<b>01/01/2021</b>	EACH OCCURRENCE      \$ <b>1,000,000</b> AGGREGATE      \$ <b>1,000,000</b> \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?    Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT      \$ E.L. DISEASE - EA EMPLOYEE      \$ E.L. DISEASE - POLICY LIMIT      \$
<b>B</b>	<b>A&amp;H</b>			<b>SRG0009133720</b>	<b>01/01/2020</b>	<b>01/01/2021</b>	<b>SEE REMARKS</b>
<b>C</b>	<b>D&amp;O</b>			<b>EPP2452954</b>	<b>01/23/2020</b>	<b>01/23/2021</b>	<b>SEE REMARKS</b>

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

**THE CERTIFICATE HOLDER is added as an additional insured with respects to general liability coverage but only with respect to liability arising out of the operations of the named insureds league.**  
**Sexual Abuse / Molestation limits are as follows: \$1,000,000 EACH OCCURRENCE / \$2,000,000 AGGREGATE**  
**THIS POLICY DOES NOT EXCLUDE CONCUSSIONS**

(See Attached Descriptions)

<b>CERTIFICATE HOLDER</b> WAL-MART SUPER CENTER 4238 RECREATION DRIVE Canandaigua, NY 14424-0000	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
---	--

## DESCRIPTIONS (Continued from Page 1)

### YOUTH PARTICIPANTS ACCIDENT & HEALTH COVERAGE

Accidental Death, Accidental Dismemberment (AD&D) Benefit: \$10,000 Maximum amount  
Accident Medical Expense Benefit: \$250,000  
Deductible: \$250  
per accident  
Dental Maximum: \$250 per  
tooth/per accident  
Incurral Period: within 90 days of the date of the accident causing the Injury  
Benefit Payout Period: payable only for such charges incurred within 52 weeks after the date of the  
accident causing the Injury

### CRIME PROTECTION POLICY NUMBER 197008660 COMPANY: HCC

Crime / Employee Theft \$25,000  
Deductible \$500

### DIRECTORS & OFFICERS

Directors & Officers Limit \$1,000,000  
Retention \$1,000  
Aggregate Limit \$1,000,000





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/12/2019

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

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

<b>PRODUCER</b> <b>ESP INSURANCE BROKERAGE LLC</b> 306 Main Street Worcester, MA 01608	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): -      FAX (A/C, No): E-MAIL ADDRESS:
	INSURER(S) AFFORDING COVERAGE      NAIC # INSURER A : Houston Casualty Company <b>42374</b> INSURER B : AIG Insurance <b>19402</b> INSURER C : Great American Ins Co. (IL) INSURER D : INSURER E : INSURER F :
<b>INSURED</b> <b>FINGER LAKES YOUTH FOOTBALL AND CHEERLEADING LEAGUE INC</b> PO BOX 35 Lyons, NY 14489	


**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 INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence)      \$ <b>300,000</b> MED EXP (Any one person)      \$ PERSONAL & ADV INJURY      \$ <b>1,000,000</b> GENERAL AGGREGATE      \$ <b>5,000,000</b> PRODUCTS - COMP/OP AGG      \$ <b>5,000,000</b> \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)      \$ BODILY INJURY (Per person)      \$ BODILY INJURY (Per accident)      \$ PROPERTY DAMAGE (Per accident)      \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$ <b>1,000,000</b> AGGREGATE      \$ <b>1,000,000</b> \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?    Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT      \$ E.L. DISEASE - EA EMPLOYEE      \$ E.L. DISEASE - POLICY LIMIT      \$
B	A&H			SRG0009133720	01/01/2020	01/01/2021	SEE REMARKS
C	D&O			EPP2452954	01/23/2020	01/23/2021	SEE REMARKS

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**THE CERTIFICATE HOLDER is added as an additional insured with respects to general liability coverage but only with respect to liability arising out of the operations of the named insureds league.**  
**Sexual Abuse / Molestation limits are as follows: \$1,000,000 EACH OCCURRENCE / \$2,000,000 AGGREGATE**  
**THIS POLICY DOES NOT EXCLUDE CONCUSSIONS**

(See Attached Descriptions)

<b>CERTIFICATE HOLDER</b> WATERLOO CENTRAL HIGH SCHOOL CENTER STREET Waterloo, NY 13165-0000	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
---	--

## DESCRIPTIONS (Continued from Page 1)

### YOUTH PARTICIPANTS ACCIDENT & HEALTH COVERAGE

Accidental Death, Accidental Dismemberment (AD&D) Benefit: \$10,000 Maximum amount  
Accident Medical Expense Benefit: \$250,000  
Deductible: \$250  
per accident  
Dental Maximum: \$250 per  
tooth/per accident  
Incurral Period: within 90 days of the date of the accident causing the Injury  
Benefit Payout Period: payable only for such charges incurred within 52 weeks after the date of the  
accident causing the Injury

### CRIME PROTECTION POLICY NUMBER 197008660 COMPANY: HCC

Crime / Employee Theft \$25,000  
Deductible \$500

### DIRECTORS & OFFICERS

Directors & Officers Limit \$1,000,000  
Retention \$1,000  
Aggregate Limit \$1,000,000

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
12/12/2019

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

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


<b>PRODUCER</b> <b>ESP INSURANCE BROKERAGE LLC</b> 306 Main Street Worcester, MA 01608	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): -      FAX (A/C, No):	
	<b>E-MAIL ADDRESS:</b>	
<b>INSURED</b> <b>FINGER LAKES YOUTH FOOTBALL AND CHEERLEADING LEAGUE INC</b> PO BOX 35 Lyons, NY 14489	<b>INSURER(S) AFFORDING COVERAGE</b>	
	INSURER A : Houston Casualty Company	<b>NAIC #</b> <b>42374</b>
	INSURER B : AIG Insurance	<b>19402</b>
	INSURER C : Great American Ins Co. (IL)	
	INSURER D :	
	INSURER E :	

**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 INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$ <b>1,000,000</b>
							DAMAGE TO RENTED PREMISES (Ea occurrence)      \$ <b>300,000</b>
							MED EXP (Any one person)      \$
							PERSONAL & ADV INJURY      \$ <b>1,000,000</b>
							GENERAL AGGREGATE      \$ <b>5,000,000</b>
							PRODUCTS - COMP/OP AGG      \$ <b>5,000,000</b>
							\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)      \$ BODILY INJURY (Per person)      \$ BODILY INJURY (Per accident)      \$ PROPERTY DAMAGE (Per accident)      \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$ <b>1,000,000</b>
							AGGREGATE      \$ <b>1,000,000</b>
							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?    Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT      \$ E.L. DISEASE - EA EMPLOYEE      \$ E.L. DISEASE - POLICY LIMIT      \$
B	A&H			SRG0009133720	01/01/2020	01/01/2021	SEE REMARKS
C	D&O			EPP2452954	01/23/2020	01/23/2021	SEE REMARKS

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**THE CERTIFICATE HOLDER is added as an additional insured with respects to general liability coverage but only with respect to liability arising out of the operations of the named insureds league.**  
**Sexual Abuse / Molestation limits are as follows: \$1,000,000 EACH OCCURRENCE / \$2,000,000 AGGREGATE**  
**THIS POLICY DOES NOT EXCLUDE CONCUSSIONS**  
 (See Attached Descriptions)

<b>CERTIFICATE HOLDER</b>  WATERLOO CENTRAL SCHOOL-LAFAYETTE SCHOOL 71 INSLEE STREET Waterloo, NY 13165-0000	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
--	--

## DESCRIPTIONS (Continued from Page 1)

### YOUTH PARTICIPANTS ACCIDENT & HEALTH COVERAGE

Accidental Death, Accidental Dismemberment (AD&D) Benefit: \$10,000 Maximum amount  
Accident Medical Expense Benefit: \$250,000  
Deductible: \$250  
per accident  
Dental Maximum: \$250 per  
tooth/per accident  
Incurral Period: within 90 days of the date of the accident causing the Injury  
Benefit Payout Period: payable only for such charges incurred within 52 weeks after the date of the  
accident causing the Injury

### CRIME PROTECTION POLICY NUMBER 197008660 COMPANY: HCC

Crime / Employee Theft \$25,000  
Deductible \$500

### DIRECTORS & OFFICERS

Directors & Officers Limit \$1,000,000  
Retention \$1,000  
Aggregate Limit \$1,000,000

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
12/12/2019

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

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

<b>PRODUCER</b> <b>ESP INSURANCE BROKERAGE LLC</b> 306 Main Street Worcester, MA 01608	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): -      FAX (A/C, No):	
	<b>E-MAIL ADDRESS:</b>	
<b>INSURED</b> <b>FINGER LAKES YOUTH FOOTBALL AND CHEERLEADING LEAGUE INC</b> PO BOX 35 Lyons, NY 14489	<b>INSURER(S) AFFORDING COVERAGE</b>	
	INSURER A : Houston Casualty Company <b>NAIC # 42374</b>	
	INSURER B : AIG Insurance <b>19402</b>	
	INSURER C : Great American Ins Co. (IL)	
	INSURER D :	
	INSURER E :	


**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 INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence)      \$ <b>300,000</b> MED EXP (Any one person)      \$ PERSONAL & ADV INJURY      \$ <b>1,000,000</b> GENERAL AGGREGATE      \$ <b>5,000,000</b> PRODUCTS - COMP/OP AGG      \$ <b>5,000,000</b> \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)      \$ BODILY INJURY (Per person)      \$ BODILY INJURY (Per accident)      \$ PROPERTY DAMAGE (Per accident)      \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$ <b>1,000,000</b> AGGREGATE      \$ <b>1,000,000</b> \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?    Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT      \$ E.L. DISEASE - EA EMPLOYEE      \$ E.L. DISEASE - POLICY LIMIT      \$
B	A&H			SRG0009133720	01/01/2020	01/01/2021	SEE REMARKS
C	D&O			EPP2452954	01/23/2020	01/23/2021	SEE REMARKS

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**THE CERTIFICATE HOLDER is added as an additional insured with respects to general liability coverage but only with respect to liability arising out of the operations of the named insureds league.**  
**Sexual Abuse / Molestation limits are as follows: \$1,000,000 EACH OCCURRENCE / \$2,000,000 AGGREGATE**  
**THIS POLICY DOES NOT EXCLUDE CONCUSSIONS**

(See Attached Descriptions)

<b>CERTIFICATE HOLDER</b>  WATERLOO COMMUNITY CENTER 3 OAK STREET Waterloo, NY 13165-0000	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
---	--

## DESCRIPTIONS (Continued from Page 1)

### YOUTH PARTICIPANTS ACCIDENT & HEALTH COVERAGE

Accidental Death, Accidental Dismemberment (AD&D) Benefit: \$10,000 Maximum amount  
Accident Medical Expense Benefit: \$250,000  
Deductible: \$250  
per accident  
Dental Maximum: \$250 per  
tooth/per accident  
Incurral Period: within 90 days of the date of the accident causing the Injury  
Benefit Payout Period: payable only for such charges incurred within 52 weeks after the date of the  
accident causing the Injury

### CRIME PROTECTION POLICY NUMBER 197008660 COMPANY: HCC

Crime / Employee Theft \$25,000  
Deductible \$500

### DIRECTORS & OFFICERS

Directors & Officers Limit \$1,000,000  
Retention \$1,000  
Aggregate Limit \$1,000,000

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

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


<b>PRODUCER</b> <b>ESP INSURANCE BROKERAGE LLC</b> 306 Main Street Worcester, MA 01608	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): -      FAX (A/C, No): E-MAIL ADDRESS:
	INSURER(S) AFFORDING COVERAGE      NAIC # INSURER A : Houston Casualty Company <b>42374</b> INSURER B : AIG Insurance <b>19402</b> INSURER C : Great American Ins Co. (IL) INSURER D : INSURER E : INSURER F :
<b>INSURED</b> <b>FINGER LAKES YOUTH FOOTBALL AND CHEERLEADING LEAGUE INC</b> PO BOX 35 Lyons, NY 14489	

**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 INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>A</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>		<b>197008660</b>	<b>01/01/2020</b>	<b>01/01/2021</b>	EACH OCCURRENCE      \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence)      \$ <b>300,000</b> MED EXP (Any one person)      \$ PERSONAL & ADV INJURY      \$ <b>1,000,000</b> GENERAL AGGREGATE      \$ <b>5,000,000</b> PRODUCTS - COMP/OP AGG      \$ <b>5,000,000</b> \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)      \$ BODILY INJURY (Per person)      \$ BODILY INJURY (Per accident)      \$ PROPERTY DAMAGE (Per accident)      \$ \$
<b>A</b>	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$	<input checked="" type="checkbox"/>		<b>197008660</b>	<b>01/01/2020</b>	<b>01/01/2021</b>	EACH OCCURRENCE      \$ <b>1,000,000</b> AGGREGATE      \$ <b>1,000,000</b> \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?    Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT      \$ E.L. DISEASE - EA EMPLOYEE      \$ E.L. DISEASE - POLICY LIMIT      \$
<b>B</b>	<b>A&amp;H</b>			<b>SRG0009133720</b>	<b>01/01/2020</b>	<b>01/01/2021</b>	<b>SEE REMARKS</b>
<b>C</b>	<b>D&amp;O</b>			<b>EPP2452954</b>	<b>01/23/2020</b>	<b>01/23/2021</b>	<b>SEE REMARKS</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**THE CERTIFICATE HOLDER is added as an additional insured with respects to general liability coverage but only with respect to liability arising out of the operations of the named insureds league.**  
**Sexual Abuse / Molestation limits are as follows: \$1,000,000 EACH OCCURRENCE / \$2,000,000 AGGREGATE**  
**THIS POLICY DOES NOT EXCLUDE CONCUSSIONS**  
**(See Attached Descriptions)**

<b>CERTIFICATE HOLDER</b> WATERLOO SCHOOL DISTRICT 109 WASHINGTON STREET Waterloo, NY 13165-0000	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
---	--

## DESCRIPTIONS (Continued from Page 1)

### YOUTH PARTICIPANTS ACCIDENT & HEALTH COVERAGE

Accidental Death, Accidental Dismemberment (AD&D) Benefit: \$10,000 Maximum amount  
Accident Medical Expense Benefit: \$250,000  
Deductible: \$250  
per accident  
Dental Maximum: \$250 per  
tooth/per accident  
Incurral Period: within 90 days of the date of the accident causing the Injury  
Benefit Payout Period: payable only for such charges incurred within 52 weeks after the date of the  
accident causing the Injury

### CRIME PROTECTION POLICY NUMBER 197008660 COMPANY: HCC

Crime / Employee Theft \$25,000  
Deductible \$500

### DIRECTORS & OFFICERS

Directors & Officers Limit \$1,000,000  
Retention \$1,000  
Aggregate Limit \$1,000,000



**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
12/12/2019

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

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


<b>PRODUCER</b> <b>ESP INSURANCE BROKERAGE LLC</b> 306 Main Street Worcester, MA 01608	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): -      FAX (A/C, No):	
	<b>E-MAIL ADDRESS:</b>	
<b>INSURED</b> <b>FINGER LAKES YOUTH FOOTBALL AND CHEERLEADING LEAGUE INC</b> PO BOX 35 Lyons, NY 14489	<b>INSURER(S) AFFORDING COVERAGE</b>	
	INSURER A : Houston Casualty Company	<b>NAIC #</b> <b>42374</b>
	INSURER B : AIG Insurance	<b>19402</b>
	INSURER C : Great American Ins Co. (IL)	
	INSURER D :	
	INSURER E :	

**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 INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$ <b>1,000,000</b>
							DAMAGE TO RENTED PREMISES (Ea occurrence)      \$ <b>300,000</b>
							MED EXP (Any one person)      \$
							PERSONAL & ADV INJURY      \$ <b>1,000,000</b>
							GENERAL AGGREGATE      \$ <b>5,000,000</b>
							PRODUCTS - COMP/OP AGG      \$ <b>5,000,000</b>
							\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)      \$
							BODILY INJURY (Per person)      \$
							BODILY INJURY (Per accident)      \$
							PROPERTY DAMAGE (Per accident)      \$
							\$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$ <b>1,000,000</b>
							AGGREGATE      \$ <b>1,000,000</b>
							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?    Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT      \$ E.L. DISEASE - EA EMPLOYEE      \$ E.L. DISEASE - POLICY LIMIT      \$
B	A&H			SRG0009133720	01/01/2020	01/01/2021	SEE REMARKS
C	D&O			EPP2452954	01/23/2020	01/23/2021	SEE REMARKS

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**THE CERTIFICATE HOLDER is added as an additional insured with respects to general liability coverage but only with respect to liability arising out of the operations of the named insureds league.**  
**Sexual Abuse / Molestation limits are as follows: \$1,000,000 EACH OCCURRENCE / \$2,000,000 AGGREGATE**  
**THIS POLICY DOES NOT EXCLUDE CONCUSSIONS**  
 (See Attached Descriptions)

<b>CERTIFICATE HOLDER</b>  WAYNE CENTRAL SCHOOL 6200 ONTARIO CENTER ROAD Ontario Center, NY 14520-0000	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
--	--

## DESCRIPTIONS (Continued from Page 1)

### YOUTH PARTICIPANTS ACCIDENT & HEALTH COVERAGE

Accidental Death, Accidental Dismemberment (AD&D) Benefit: \$10,000 Maximum amount  
Accident Medical Expense Benefit: \$250,000  
Deductible: \$250  
per accident  
Dental Maximum: \$250 per  
tooth/per accident  
Incurral Period: within 90 days of the date of the accident causing the Injury  
Benefit Payout Period: payable only for such charges incurred within 52 weeks after the date of the  
accident causing the Injury

### CRIME PROTECTION POLICY NUMBER 197008660 COMPANY: HCC

Crime / Employee Theft \$25,000  
Deductible \$500

### DIRECTORS & OFFICERS

Directors & Officers Limit \$1,000,000  
Retention \$1,000  
Aggregate Limit \$1,000,000

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
12/12/2019

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

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

<b>PRODUCER</b> <b>ESP INSURANCE BROKERAGE LLC</b> 306 Main Street Worcester, MA 01608	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): -      FAX (A/C, No):	
	<b>E-MAIL ADDRESS:</b>	
<b>INSURED</b> <b>FINGER LAKES YOUTH FOOTBALL AND CHEERLEADING LEAGUE INC</b> PO BOX 35 Lyons, NY 14489	<b>INSURER(S) AFFORDING COVERAGE</b>	
	INSURER A : Houston Casualty Company <b>NAIC # 42374</b>	
	INSURER B : AIG Insurance <b>19402</b>	
	INSURER C : Great American Ins Co. (IL)	
	INSURER D :	
	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 INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence)      \$300,000 MED EXP (Any one person)      \$ PERSONAL & ADV INJURY      \$1,000,000 GENERAL AGGREGATE      \$5,000,000 PRODUCTS - COMP/OP AGG      \$5,000,000 \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)      \$ BODILY INJURY (Per person)      \$ BODILY INJURY (Per accident)      \$ PROPERTY DAMAGE (Per accident)      \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$1,000,000 AGGREGATE      \$1,000,000 \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?    Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT      \$ E.L. DISEASE - EA EMPLOYEE      \$ E.L. DISEASE - POLICY LIMIT      \$
B	A&H			SRG0009133720	01/01/2020	01/01/2021	SEE REMARKS
C	D&O			EPP2452954	01/23/2020	01/23/2021	SEE REMARKS

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**THE CERTIFICATE HOLDER is added as an additional insured with respects to general liability coverage but only with respect to liability arising out of the operations of the named insureds league.**  
**Sexual Abuse / Molestation limits are as follows: \$1,000,000 EACH OCCURRENCE / \$2,000,000 AGGREGATE**  
**THIS POLICY DOES NOT EXCLUDE CONCUSSIONS**

(See Attached Descriptions)

<b>CERTIFICATE HOLDER</b> YATES COUNTY FAIR GROUNDS OLD 4A Penn Yan, NY 14527-0000	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
---	--

## DESCRIPTIONS (Continued from Page 1)

### YOUTH PARTICIPANTS ACCIDENT & HEALTH COVERAGE

Accidental Death, Accidental Dismemberment (AD&D) Benefit: \$10,000 Maximum amount  
Accident Medical Expense Benefit: \$250,000  
Deductible: \$250  
per accident  
Dental Maximum: \$250 per  
tooth/per accident  
Incurral Period: within 90 days of the date of the accident causing the Injury  
Benefit Payout Period: payable only for such charges incurred within 52 weeks after the date of the  
accident causing the Injury

### CRIME PROTECTION POLICY NUMBER 197008660 COMPANY: HCC

Crime / Employee Theft \$25,000  
Deductible \$500

### DIRECTORS & OFFICERS

Directors & Officers Limit \$1,000,000  
Retention \$1,000  
Aggregate Limit \$1,000,000

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
12/12/2019

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

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

<b>PRODUCER</b> <b>ESP INSURANCE BROKERAGE LLC</b> 306 Main Street Worcester, MA 01608	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): -      FAX (A/C, No):	
	<b>E-MAIL ADDRESS:</b>	
<b>INSURED</b> <b>FINGER LAKES YOUTH FOOTBALL AND CHEERLEADING LEAGUE INC</b> PO BOX 35 Lyons, NY 14489	<b>INSURER(S) AFFORDING COVERAGE</b>	
	INSURER A : Houston Casualty Company <b>NAIC # 42374</b>	
	INSURER B : AIG Insurance <b>19402</b>	
	INSURER C : Great American Ins Co. (IL)	
	INSURER D :	
	INSURER E :	


**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 INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence)      \$300,000 MED EXP (Any one person)      \$ PERSONAL & ADV INJURY      \$1,000,000 GENERAL AGGREGATE      \$5,000,000 PRODUCTS - COMP/OP AGG      \$5,000,000 \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)      \$ BODILY INJURY (Per person)      \$ BODILY INJURY (Per accident)      \$ PROPERTY DAMAGE (Per accident)      \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$1,000,000 AGGREGATE      \$1,000,000 \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?    Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT      \$ E.L. DISEASE - EA EMPLOYEE      \$ E.L. DISEASE - POLICY LIMIT      \$
B	A&H			SRG0009133720	01/01/2020	01/01/2021	SEE REMARKS
C	D&O			EPP2452954	01/23/2020	01/23/2021	SEE REMARKS

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**THE CERTIFICATE HOLDER is added as an additional insured with respects to general liability coverage but only with respect to liability arising out of the operations of the named insureds league.**  
**Sexual Abuse / Molestation limits are as follows: \$1,000,000 EACH OCCURRENCE / \$2,000,000 AGGREGATE**  
**THIS POLICY DOES NOT EXCLUDE CONCUSSIONS**

(See Attached Descriptions)

<b>CERTIFICATE HOLDER</b>  <b>EVIDENCE ONLY</b>	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

## DESCRIPTIONS (Continued from Page 1)

### YOUTH PARTICIPANTS ACCIDENT & HEALTH COVERAGE

Accidental Death, Accidental Dismemberment (AD&D) Benefit: \$10,000 Maximum amount  
Accident Medical Expense Benefit: \$250,000  
Deductible: \$250  
per accident  
Dental Maximum: \$250 per  
tooth/per accident  
Incurral Period: within 90 days of the date of the accident causing the Injury  
Benefit Payout Period: payable only for such charges incurred within 52 weeks after the date of the  
accident causing the Injury

### CRIME PROTECTION POLICY NUMBER 197008660 COMPANY: HCC

Crime / Employee Theft \$25,000  
Deductible \$500

### DIRECTORS & OFFICERS

Directors & Officers Limit \$1,000,000  
Retention \$1,000  
Aggregate Limit \$1,000,000

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
12/12/2019

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

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

<b>PRODUCER</b> <b>ESP INSURANCE BROKERAGE LLC</b> 306 Main Street Worcester, MA 01608	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): -      FAX (A/C, No):	
	<b>E-MAIL ADDRESS:</b>	
<b>INSURED</b> <b>FINGER LAKES YOUTH FOOTBALL AND CHEERLEADING LEAGUE INC</b> PO BOX 35 Lyons, NY 14489	<b>INSURER(S) AFFORDING COVERAGE</b>	
	INSURER A : Houston Casualty Company <b>NAIC # 42374</b>	
	INSURER B : AIG Insurance <b>19402</b>	
	INSURER C : Great American Ins Co. (IL)	
	INSURER D :	
	INSURER E :	


**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 INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence)      \$300,000 MED EXP (Any one person)      \$ PERSONAL & ADV INJURY      \$1,000,000 GENERAL AGGREGATE      \$5,000,000 PRODUCTS - COMP/OP AGG      \$5,000,000 \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)      \$ BODILY INJURY (Per person)      \$ BODILY INJURY (Per accident)      \$ PROPERTY DAMAGE (Per accident)      \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$	X		197008660	01/01/2020	01/01/2021	EACH OCCURRENCE      \$1,000,000 AGGREGATE      \$1,000,000 \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?    Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT      \$ E.L. DISEASE - EA EMPLOYEE      \$ E.L. DISEASE - POLICY LIMIT      \$
B	A&H			SRG0009133720	01/01/2020	01/01/2021	SEE REMARKS
C	D&O			EPP2452954	01/23/2020	01/23/2021	SEE REMARKS

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**THE CERTIFICATE HOLDER is added as an additional insured with respects to general liability coverage but only with respect to liability arising out of the operations of the named insureds league.**  
**Sexual Abuse / Molestation limits are as follows: \$1,000,000 EACH OCCURRENCE / \$2,000,000 AGGREGATE**  
**THIS POLICY DOES NOT EXCLUDE CONCUSSIONS**

(See Attached Descriptions)

<b>CERTIFICATE HOLDER</b>  USA FOOTBALL ASSOCIATION 45 N PENNSYLVANIA ST, SUITE 700 Indianapolis, IN 46204	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  
--	--

## DESCRIPTIONS (Continued from Page 1)

### YOUTH PARTICIPANTS ACCIDENT & HEALTH COVERAGE

Accidental Death, Accidental Dismemberment (AD&D) Benefit: \$10,000 Maximum amount  
Accident Medical Expense Benefit: \$250,000  
Deductible: \$250  
per accident  
Dental Maximum: \$250 per  
tooth/per accident  
Incurral Period: within 90 days of the date of the accident causing the Injury  
Benefit Payout Period: payable only for such charges incurred within 52 weeks after the date of the  
accident causing the Injury

### CRIME PROTECTION POLICY NUMBER 197008660 COMPANY: HCC

Crime / Employee Theft \$25,000  
Deductible \$500

### DIRECTORS & OFFICERS

Directors & Officers Limit \$1,000,000  
Retention \$1,000  
Aggregate Limit \$1,000,000

Heads Up Football LLC, USA Football, Inc., USA Football Foundation, Inc., the National Football League, its member professional football teams and clubs, NFL Properties LLC, the NFL Foundation and their respective subsidiaries, affiliates, officers, directors, employees, agents, co-branders, grantors, and other partners (collectively the HUF LLC Parties) are Additional Insureds under the General Liability policy. Members coaches are Named Insureds under the General Liability policy. The General Liability policy shall be primary with respect to claims arising out of Members sanctioned and approved football related activities, including but not limited to games, practices, camps, and clinics. The General Liability policy includes not less than \$1,000,000 Participant Legal Liability Coverage for participants in athletics or sports activities.