



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/01/2017

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 have ADDITIONAL INSURED provisions or 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 American Specialty Insurance & Risk Services, Inc. 7609 W. Jefferson Blvd., Suite 100 Fort Wayne IN 46804		CONTACT NAME: PHONE (A/C. No. Ext): 260-969-5203 FAX (A/C. No.): 260-969-4729 E-MAIL ADDRESS:	
INSURED United States Soccer Federation, Inc. 1801-1811 South Prairie Avenue Chicago IL 60616		INSURER(S) AFFORDING COVERAGE INSURER A: Arch Insurance Company NAIC # 11150 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 1001481463

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 INSD	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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			SBCGL0359100	09/01/2017	09/01/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 20,000,000 PRODUCTS - COMP/OP AGG \$ 5,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			SBAUT0040600	09/01/2017	09/01/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ NON-OWNED/HIRED AUTO \$ 1,000,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			SBFXS0051100	09/01/2017	09/01/2018	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

- Evidence of coverage only.

- The General Liability policy includes Form CG 2153 Exclusion - Designated Ongoing Operations with the following operations excluded: A coach organizing or conducting a camp or clinic - this restriction shall not apply to a coach's participation as a coach in such camp or clinic, or to camps or clinics conducted by United States Soccer Federation.

CERTIFICATE HOLDER**CANCELLATION**

UNITED STATES SOCCER FEDERATION, INC.

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

1801-1811 SOUTH PRAIRIE AVENUE

AUTHORIZED REPRESENTATIVE

CHICAGO

IL 60616

© 1988-2015 ACORD CORPORATION. All rights reserved.



ADDITIONAL REMARKS SCHEDULE

AGENCY American Specialty Insurance & Risk Services, Inc.		NAMED INSURED United States Soccer Federation, Inc. 1801-1811 South Prairie Avenue Chicago, IL 60616	
POLICY NUMBER SBCGL0359100		EFFECTIVE DATE: 09/01/2017	
CARRIER Arch Insurance Company	NAIC CODE 11150		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE - Certificate #1001481463

- The General Liability policy includes Form CG 2153 Exclusion - Designated Ongoing Operations with the following operations excluded: A referee organizing or conducting a non-U.S. Soccer sanctioned camp or clinic, or for acting as a referee for non-U.S. Soccer affiliated teams and leagues.
- The following physical damage deductibles apply to the Automobile Liability policy: HIRED AUTOS - Collision \$1,000 For Each Covered Auto; Comprehensive \$1,000 For Each Covered Auto. SCHEDULED AUTOS - Collision \$1,000 For Each Covered Auto; Comprehensive \$1,000 For Each Covered Auto.
- Named Insured (continued): United States Soccer Federation, Inc.

United States Soccer Federation member athletes while acting in their capacity as such during United States Soccer Federation sanctioned or approved events.

United States Soccer Federation member referees who have been certified by United States Soccer Federation, but only while acting in their capacity as soccer referees (including in the capacity of State Referee Administrator, State Director of Assessment, State Assignment Coordinator, State Director of Referee Instruction, Chairman of the State Referee Committee and State Youth Referee Administrator, assistant referee, fourth official, assessor, instructor or assignor) during United States Soccer Federation sanctioned camps or clinics and during matches between United States Soccer Federation affiliated teams and leagues.

United States Soccer Federation registered coaches who have been certified by United States Soccer Federation, but only while acting in their capacity as soccer coaches. However, coverage provided under this policy shall be excess for claims arising from activities conducted by entities other than United States Soccer Federation or programs sponsored or sanctioned by one of its affiliate organizations or divisions.

United States Soccer Federation Development Academy Clubs and Development Academy Club athletes, while acting in their capacity as such, during United States Soccer Federation sanctioned or approved events.