

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/15/2017

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	certi	ficate	nolder in lieu of such e							
PRODUCER				CONTACT NAME: Mass Merchandising Underwriting						
K&K Insurance Group, Inc.				PHONE (A/C, No, Ext):	1-800-426-2889 FAX (A/C, No): 1-260-459-5105					
1712 Magnavox Way Fort Wayne IN 46804		E-MAIL ADDRESS:	info@sportsinsurance-kk.com							
of wayne in 40004				PRODUCER CUSTOMER ID:						
				OGG TOMER ID.	NAIC#					
INSURED		INSURER A:	23787							
East Bay Swim League		INSURER B:								
P.O. Box 20542		INSURER C:								
Castro Valley, CA 94546		INSURER D:								
A Member of the Sports, Leisure & Entert	ainme	nt RP	G	INSURER E:						
				INSURER F:						
COVERAGES	E INIOI	ID A N I		MBER: W00996297 REVISION NUMBER: EN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED.						
THIS IS TO CERTIFY THAT THE POLICIES OF NOTWITHSTANDING ANY REQUIREMENT, ISSUED OR MAY PERTAIN, THE INSURANC SUCH POLICIES. LIMITS SHOWN MAY HAVE	TERM E AFF	OR CO	ONDITION OF ANY CONTRA D BY THE POLICIES DESCA	ACT OR OTHER	DOCUMENT W	ITH RESPECT TO WHICH THI	IS CERTIFICATE MAY BE			
INSR LTR TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
A X COMMERCIAL GENERAL LIABILITY	X	****	6BRPG0000006055100	04/01/2017	04/01/2018	EACH OCCURRENCE	\$1,000,000			
CLAIMS- V OCCUR				12:01 AM EDT	12:01 AM	DAMAGE TO RENTED	\$1,000,000			
MADE X OCCUR						PREMISES (Ea Occurrence) MED EXP (Any one person)				
						PERSONAL & ADV INJURY	\$5,000			
							\$1,000,000			
						GENERAL AGGREGATE	\$5,000,000			
GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS – COMP/OP AGG	\$1,000,000			
POLICY PRO- JECT LOC						PROFESSIONAL LIABILITY	\$1,000,000			
OTHER:						LEGAL LIAB TO PARTICIPANTS	\$1,000,000			
A AUTOMOBILE LIABILITY			6BRPG0000006055100	04/01/2017	04/01/2018	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000			
ANY AUTO				12:01 AM EDT	12:01 AM	BODILY INJURY (Per person)				
OWNED AUTOS SCHEDULED AUTOS						BODILY INJURY (Per accident)				
X HIRED X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)				
X NOT PROVIDED WHILE IN HAWAII						(Fer accident)				
UMBRELLA LIAB OCCUR						EACH OCCURRENCE				
EXCESS LIAB CLAIMS-MADE						AGGREGATE				
DED RETENTION						AGGILGATE				
WORKERS COMPENSATION AND	NI/A					I PER L OTHER				
EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/ Y/N	N/A					STATUTE OTHER E.L. EACH ACCIDENT				
EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE				
If yes, describe under DESCRIPTION						E.L. DISEASE - POLICY LIMIT				
OF OPERATIONS below A MEDICAL PAYMENTS FOR PARTICIPANTS			6BRPG0000006055100	04/01/2017	04/01/2018	PRIMARY MEDICAL				
A MEDICAL PAYMENTS FOR PARTICIPANTS			32Ki 3000000000100	12:01 AM EDT	12:01 AM	EXCESS MEDICAL	#05.000			
DESCRIPTION OF OPERATIONS (1 OCATIONS (1)		(100	D 404 Addition 15 1 2 2	1.1			\$25,000			
DESCRIPTION OF OPERATIONS / LOCATIONS / VE Legal Liability to Participants (LLP) limit is Sport(s): Swimming Age(s): 12 and under The certificate holder is added as an addi	a per , 13-1	occu 5, 16-	rrence limit. 19		·		amed insured.			
CERTIFICATE HOLDER CANCELLATION										
CERTIFICATE HOLDER Newark Memorial High School					ABOVE DE	SCRIBED POLICIES BE O	CANCELLED BEFORE			
39375 Cedar Blvd THEREOF, NOTICE WILL BE DELIVERED										
Newark CA 94560 ACCORDANCE WITH THE POLICY PROVISIONS.										

Newark, CA 94560

(Owner/Lessor of Premises)

AUTHORIZED REPRESENTATIVE

Coverage is only extended to U.S. events and activities.

** NOTICE TO TEXAS INSUREDS: The Insurer for the purchasing group may not be subject to all the insurance laws and regulations of the State of Texas



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K&K Insurance Group, Inc.						PHONE (A/C, No, Ext):	1-800-426-2889 FAX (A/C, No): 1-260-459-5105					
1712 Magnavox Way Fort Wayne IN 46804						E-MAIL ADDRESS:	info@sportsinsurance-kk.com					
	Wayne IIV 40004					PRODUCER CUSTOMER ID:						
				INSURER(S) AFFORDING COVERAGE				NAIC#				
INSURED						INSURER A: Nationwide Mutual Insurance Company				23787		
East Bay Swim League						INSURER B:						
P.O. Box 20542						INSURER C:						
Castro Valley, CA 94546 A Member of the Sports, Leisure & Entertainment RPG						INSURER D:						
A IV	ember of the Sports, Leisure & Emeri	allille	III KF	G		INSURER E:						
						INSURER F:						
	VED A CEC			CEDTIFIC	ATE NUU							
	VERAGES	E INICI	IDANC			TE NUMBER: W00996298 REVISION NUMBER: HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED						
NOT ISSI	WITHSTANDING ANY REQUIREMENT, I JED OR MAY PERTAIN, THE INSURANC H POLICIES. LIMITS SHOWN MAY HAVE	TERM E AFF	OR CO	ONDITION OF ANY D BY THE POLICIE	CONTRA	ACT OR OTHER	DOCUMENT W	TH RESPECT TO WHICH TH	IIS CERTIF	ICATE MAY BE		
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMI	BER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	тѕ			
Α	X COMMERCIAL GENERAL LIABILITY	Х	,	6BRPG0000006	055100	04/01/2017	04/01/2018	EACH OCCURRENCE		\$1,000,000		
	CLAIMS- X OCCUR					12:01 AM EDT	12:01 AM	DAMAGE TO RENTED		\$1,000,000		
	MADE X OCCUR							PREMISES (Ea Occurrence) MED EXP (Any one person)		\$5,000		
								PERSONAL & ADV INJURY		\$1,000,000		
								GENERAL AGGREGATE		\$5,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS – COMP/OP AGG				
										\$1,000,000		
	POLICY JECT LOC							PROFESSIONAL LIABILITY		\$1,000,000		
	OTHER:			000000000000000000000000000000000000000	055400	0.4/0.4/0.047	0.4/0.4/0.4.0	LEGAL LIAB TO PARTICIPANTS COMBINED SINGLE LIMIT		\$1,000,000		
Α	AUTOMOBILE LIABILITY			6BRPG0000006	6055100	04/01/2017 12:01 AM EDT	04/01/2018 12:01 AM	(Ea accident)		\$1,000,000		
	ANY AUTO					12.017401251	12.01744	BODILY INJURY (Per person)				
	OWNED AUTOS SCHEDULED AUTOS							BODILY INJURY (Per accident)				
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)				
	X NOT PROVIDED WHILE IN HAWAII											
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE				
	EXCESS LIAB CLAIMS-MADE							AGGREGATE				
	DED RETENTION											
	WORKERS COMPENSATION AND	N/A						PER STATUTE OTHER				
	EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/ Y / N							E.L. EACH ACCIDENT				
	EXECUTIVE OFFICER/MEMBER							E.L. DISEASE – EA EMPLOYEE				
	EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION							E.L. DISEASE – POLICY LIMIT				
Δ	OF OPERATIONS below			6BRPG0000006	055100	04/01/2017	04/01/2018	PRIMARY MEDICAL				
Α	MEDICAL PAYMENTS FOR PARTICIPANTS			OBINE GOODOOO	1000 100	12:01 AM EDT	12:01 AM	EXCESS MEDICAL				
250			(4000							\$25,000		
Leg Spo	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Legal Liability to Participants (LLP) limit is a per occurrence limit. Sport(s): Swimming Age(s): 12 and under, 13-15, 16-19 The certificate holder is added as an additional insured, but only for liability caused, in whole or in part, by the acts or omissions of the named insured.											
CE	RTIFICATE HOLDER				CANCE	LATION						
						CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE						
5717 Musick						THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN						
Newark, CA 94560					ACCORDANCE WITH THE POLICY PROVISIONS.							
(Ow	ner/Lessor of Premises)				AUTHORIZED REPRESENTATIVE							

Scott Junter

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