



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/19/2019

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 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).

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|--|--|---------------------------------------|---------------|
| PRODUCER Risk Management Services, Inc. PO Box 32712 Phoenix AZ 85064-2712 | CONTACT NAME: Debra Williams PHONE (A/C. No. Ext): (602) 840-3234 E-MAIL ADDRESS: dwilliams@theriskpeople.com | FAX (A/C. No.): (602) 274-9138 | |
| | INSURER(S) AFFORDING COVERAGE | | NAIC # |
| INSURED Tri County Swimming Pool Association (Jarcyn Amateur Swim Assoc Corp) 33 Harrowgate Dr Cherry Hill NJ 08003 | INSURER A: National Casualty | | 11991 |
| | INSURER B: Gerber life Insurance Co | | 70939 |
| | INSURER C: | | |
| | INSURER D: | | |
| | INSURER E: | | |
| INSURER F: | | | |

COVERAGES

CERTIFICATE NUMBER: Cert ID 23081

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 | COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Participant Legal <input checked="" type="checkbox"/> Liability Included GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | KRO-79931-00 LG | 05/30/2019 | 05/30/2020 | EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ EXCLUDED PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ UNLIMITED PRODUCTS - COMP/OP AGG \$ 2,000,000 ABUSE/MOLESTATION \$ 250,000 |
| A | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input 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 | | | KRO-79931-00 LG | 05/30/2019 | 05/30/2020 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$ | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N 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 | XS Medical/Dental A D & D | | | 03-071691-19 | 05/30/2019 | 05/30/2020 | Maximum Limit \$ 25,000 Maximum Limit \$ 5,000 |

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

Verification of General Liability coverage for Swim League activities only. Excess Medical/Dental coverage provided for the Insured's Participants only. A 30 Day Cancellation notice applies per policy provisions.

CERTIFICATE HOLDER**CANCELLATION**

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| TO WHOM IT MAY CONCERN | 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 |

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**CERTIFICATE OF INSURANCE
ADDITIONAL NAMED INSURED**

Date
06/01/19

| | | | |
|-----------------|--|------------------|--|
| Insured: | Tri County Swimming Pool Association Clifton Quay 33 Harrowgate Drive Cherry Hill, NJ 08003 (856) 905-8453 | Producer: | Risk Management Services, Inc. PO Box 32712 Phoenix, AZ 85064-2712 |
|-----------------|--|------------------|--|

Named Insured's (Member Swim Teams):

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|---|--|
| BARCLAY FARMS BARRACUDAS Contact: Will Becker – (856) 313-8748 | OLD ORCHARD OTTERS Contact John Moyer – (609) 315-3033 |
| BROOKSIDE DOLPHINS Contact: Rich McCarthy – (609) 346-9119 | PHEASANT RUN FLYERS Contact: Erin Mansukani – (610) 453-0450 |
| CHARLESTON WATER RATS Contact: Tom Karpousis – (609) 682-0864 | POMONA DOLPHINS Contact: Chris Waggonor – (609) 304-8648 |
| CHERRY VALLEY TIGERS Contact: Jim Lymper – (856) 482-1628 | RIVERTON WAVE Contact: Jen Waldhauser – (856) 829-0742 |
| CHESTNUT RUN STINGRAYS Contact: Les Berry – (856) 297-7172 | STRATFORD DOLPHINS Contact: Steve Pandza – (609) 314-6517 |
| COVERED BRIDGE CROCODILES Contact: Jay Watts – (609) 280-0354 | SUNNYBROOK MAKOS Contact: David Chezem – (856) 498-0661 |
| DEERBROOK BLUEFISH Contact: Neil Fleischer – (609) 230-3609 | TAVISTOCK HILLS TIDAL WAVE Contact: Paul Coty – (609) 206-6044 |
| DOWNS FARM DOLPHINS Contact: Nancy Welsh - (856) 669-1031 | TENBY CHASE SHARKS Contact: Martin Dragon – (609) 949-2554 |
| ERLTON GATORS Contact: John Foley – (856) 701-9925 | VOORHEES STINGRAYS Contact: Brent Schwartz – (856) 725-3260 |
| FOX HOLLOW FOXES Contact: Clif Quay – (856) 905-8453 | WEDGEWOOD DUCKS Contact: Rob Berzanski – (609) 519-0980 |
| GEORGETOWN DOLPHINS Contact: Rebecca Bertram – (856) 455-6000 | WENONAH WAVE RUNNERS Contact: Beth Sprigman – (609) 254-3326 |
| GIBBSTOWN GATORS Contact: Janet Mee – (856) 264-0902 | WEXFORD LEAS WHALES Contact: Fred Dold - (215) 964-5853 |
| GREEN-FIELDS TURTLES Contact: Joe Pegues – (609) 458-0582 | WHITMAN SQUARE SEA LYONS Contact: Alisia Shein – (609) 638-4900 |
| GREENWOOD PARK FROGS Contact: Phil Jackson – (856) 371-4376 | WILLOWDALE DOLPHINS Contact: Dave Maier – (856) 428-8180 |
| HADDON GLEN SEA HORSES Contact: Susan Bunnell – (856) 745-5490 | WOODBINE GATORS Contact: Mike O'Callaghan – (609) 206-4814 |
| HADDONTOWNE TIGER SHARKS Contact: Julie Toone – (856) 220-5038 | WOODCREST WHITE SHARKS Contact: John Doyle – (856) 816-6754 |
| KINGSTON ESTATES SEALS Contact: Paul Halfner – (856) 667-2054 | WOODSTREAM BARRACUDAS Contact: Doug Crysler – (215) 694-4453 |