

ACORDTM CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/12/2009

PRODUCER	For Service Contact: Pullen Insurance Services, Inc. 6300 Ridglea Place, #614 Fort Worth, TX 76116 (817) 738-6100	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.												
	INSURED	Washington State Youth Soccer Association 500 South 336th Street, Suite 100 Federal Way, WA 98003	<table border="1"> <tr> <td>INSURERS AFFORDING COVERAGE</td> <td>NAIC #</td> </tr> <tr> <td>Insurer A: National Casualty Company</td> <td></td> </tr> <tr> <td>Insurer B: National Union Fire Insurance Company</td> <td></td> </tr> <tr> <td>Insurer C:</td> <td></td> </tr> <tr> <td>Insurer D:</td> <td></td> </tr> <tr> <td>Insurer E:</td> <td></td> </tr> </table>	INSURERS AFFORDING COVERAGE	NAIC #	Insurer A: National Casualty Company		Insurer B: National Union Fire Insurance Company		Insurer C:		Insurer D:		Insurer E:
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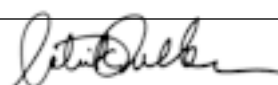
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Washington State Youth Soccer Association & Greater Renton Junior Soccer Assoc.
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CERTIFICATE HOLDER Valley Ridge Soccer Field 2000 S 136th Sea Tac, WA 98168	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 
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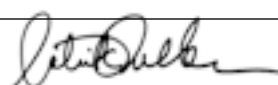
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CERTIFICATE HOLDER Department of Natural Resources and Parks P O Box 3172 Renton Renton, WA 98056	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 
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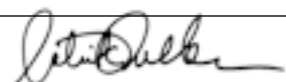
CERTIFICATE HOLDER

Highlands Community Church
3031 NE 10th
Renton, WA 98059

CANCELLATION

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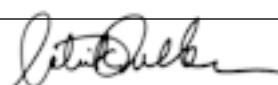
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B		OTHER PARTICIPANT ACCIDENT MEDICAL	SRG9115342	9/1/2009	9/1/2010		\$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Washington State Youth Soccer Association & Greater Renton Junior Soccer Assoc.
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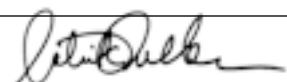
CERTIFICATE HOLDER

King County Parks and Recreation
2040 84th Avenue SE
Mercer Island, WA 98040

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



ACORDTM CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/12/2009

PRODUCER For Service Contact: Pullen Insurance Services, Inc. 6300 Ridglea Place, #614 Fort Worth, TX 76116 (817) 738-6100	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED Washington State Youth Soccer Association 500 South 336th Street, Suite 100 Federal Way, WA 98003	Insurer A:	National Casualty Company
	Insurer B:	National Union Fire Insurance Company
	Insurer C:	
	Insurer D:	
	Insurer E:	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	X	GENERAL LIABILITY <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"/> PROJECT <input type="checkbox"/> LOC	KRO 1100-02	9/1/2009	9/1/2010	EACH OCCURENCE	\$1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000
						MED EXP (Any one person)	\$5,000
						PERSONAL & ADV INJURY	\$1,000,000
						GENERAL AGGREGATE	UNLIMITED
						PRODUCTS - COMP/OP AGG	\$1,000,000
A		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	KRO 1100-02	9/1/2009	9/1/2010	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
						BODILY INJURY (Per person)	
						BODILY INJURY (Per accident)	
						PROPERTY DAMAGE (Per accident)	
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EACH ACCIDENT	
						OTHER THAN AUTO ONLY: EA ACC	
						AGG	
A		EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$	XKO 1101-02	9/1/2009	9/1/2010	EACH OCCURENCE	\$5,000,000
						AGGREGATE	
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS	OTH-ER
						E. L. EACH ACCIDENT	
						E. L. DISEASE - EA EMPLOYEE	
						E. L. DISEASE - POLICY LIMIT	
B		OTHER PARTICIPANT ACCIDENT MEDICAL	SRG9115342	9/1/2009	9/1/2010		\$100,000

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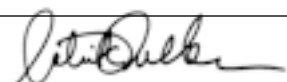
CERTIFICATE HOLDER

Maple Hills Community Park
15204 204th Avenue SE
Renton, WA 98059

CANCELLATION

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AUTHORIZED REPRESENTATIVE



ACORDTM CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/12/2009

PRODUCER	For Service Contact: Pullen Insurance Services, Inc. 6300 Ridglea Place, #614 Fort Worth, TX 76116 (817) 738-6100	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.												
	INSURED	Washington State Youth Soccer Association 500 South 336th Street, Suite 100 Federal Way, WA 98003	<table border="1"> <tr> <td>INSURERS AFFORDING COVERAGE</td> <td>NAIC #</td> </tr> <tr> <td>Insurer A: National Casualty Company</td> <td></td> </tr> <tr> <td>Insurer B: National Union Fire Insurance Company</td> <td></td> </tr> <tr> <td>Insurer C:</td> <td></td> </tr> <tr> <td>Insurer D:</td> <td></td> </tr> <tr> <td>Insurer E:</td> <td></td> </tr> </table>	INSURERS AFFORDING COVERAGE	NAIC #	Insurer A: National Casualty Company		Insurer B: National Union Fire Insurance Company		Insurer C:		Insurer D:		Insurer E:
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COVERAGES

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INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS									
A	X	GENERAL LIABILITY <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"/> PROJECT <input type="checkbox"/> LOC	KRO 1100-02	9/1/2009	9/1/2010	EACH OCCURENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$1,000,000 \$300,000 \$5,000 \$1,000,000 UNLIMITED \$1,000,000								
A		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS _____ _____	KRO 1100-02	9/1/2009	9/1/2010	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$1,000,000								
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO _____ _____				AUTO ONLY - EACH ACCIDENT OTHER THAN AUTO ONLY: EA ACC AGG									
A		EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE _____ _____ DEDUCTIBLE RETENTION \$	XKO 1101-02	9/1/2009	9/1/2010	EACH OCCURENCE AGGREGATE	\$5,000,000								
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<table border="1"> <tr> <td>WC STATUTORY LIMITS</td> <td>OTH-ER</td> </tr> <tr> <td>E. L. EACH ACCIDENT</td> <td></td> </tr> <tr> <td>E. L. DISEASE - EA EMPLOYEE</td> <td></td> </tr> <tr> <td>E. L. DISEASE - POLICY LIMIT</td> <td></td> </tr> </table>	WC STATUTORY LIMITS	OTH-ER	E. L. EACH ACCIDENT		E. L. DISEASE - EA EMPLOYEE		E. L. DISEASE - POLICY LIMIT		
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CERTIFICATE HOLDER

Starfire Sports
6840 Fort Dent Way, Suite 125
Seattle, WA 98188

CANCELLATION

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AUTHORIZED REPRESENTATIVE 