

ACORDTM CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/19/2009

| | | | | | | | | | | | | | | |
|--|---|--|--|-----------------------------|--------|--------------------------------------|--|--|--|------------|--|------------|--|------------|
| 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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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

Highlands Community Church
3031 NE 10th
Renton, WA 98059

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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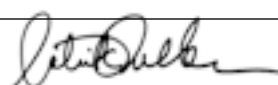
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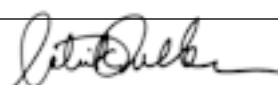
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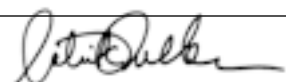
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City of Tukwila
Attn: Dave Johnson
12424 42nd Avenue South
Tukwila, WA 98168

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|----------|-------------|---|---------------|----------------------------------|-----------------------------------|---|-------------|
| A | | 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 |

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

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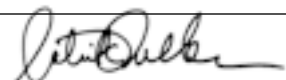
CERTIFICATE HOLDER

Renton Public Schools; Renton Memorial Stadium
 Attn: Sandy Polley
 300 Southwest 7th
 Renton, WA 98055

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)
8/19/2009

| | | |
|--|--|--------|
| 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

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| | | | | | | 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 | |
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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

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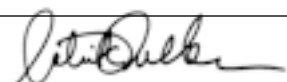
CERTIFICATE HOLDER

City of Renton
Attn: Andy O'Brien
1715 Maple Valley Highway
Renton, WA 98055

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)
8/19/2009

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| 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

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| 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 | COMBINDED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) | \$1,000,000 |
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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

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CERTIFICATE HOLDER

Kent School District
12033 Southwest 254th Street
Kent, WA 98031

CANCELLATION

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AUTHORIZED REPRESENTATIVE

ACORDTM CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
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| | | GARAGE LIABILITY <input type="checkbox"/> ANY AUTO | | | | AUTO ONLY - EACH ACCIDENT OTHER THAN AUTO ONLY: EA ACC AGG | |
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| B | | OTHER PARTICIPANT ACCIDENT MEDICAL | SRG9115342 | 9/1/2009 | 9/1/2010 | | \$100,000 |

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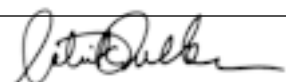
CERTIFICATE HOLDER

Highland Valley
1055 South Grady Way
Renton, WA 98055

CANCELLATION

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AUTHORIZED REPRESENTATIVE



ACORDTM CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/19/2009

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| | | | | | | GENERAL AGGREGATE | UNLIMITED |
| | | | | | | PRODUCTS - COMP/OP AGG | \$1,000,000 |
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| | | | | | | BODILY INJURY (Per person) | |
| | | | | | | BODILY INJURY (Per accident) | |
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| | | | | | | 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 | |
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| | | | | | | E. L. EACH ACCIDENT | |
| | | | | | | E. L. DISEASE - EA EMPLOYEE | |
| | | | | | | E. L. DISEASE - POLICY LIMIT | |
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CERTIFICATE HOLDER

Tukwila Public School District 406
Attn: Gary Luft
4242 South 144th
Tukwila, 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

