

ACORDTM CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/20/2009

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> <th>INSURERS AFFORDING COVERAGE</th> <th>NAIC #</th> </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 & Highline Soccer Association
 Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Liability and accident insurance policies procured by the named insured are in compliance with the insurance provisions of HB1824.

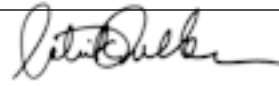
CERTIFICATE HOLDER

City of Normandy Park
801 SW 174th Street
Burien, WA 98166

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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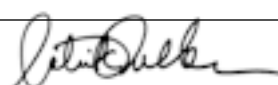
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CERTIFICATE HOLDER

Grace Church
 10323 28th Avenue SW
 Seattle, WA 98126

CANCELLATION

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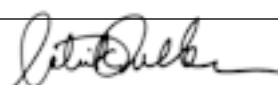
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CERTIFICATE HOLDER Starfire Sports 14800 Starfire Way Tukwila, WA 98188	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE 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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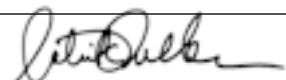
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Highline School District #401
Attn: Al Schmidt
15875 Ambaum Boulevard
Burien, WA 98166

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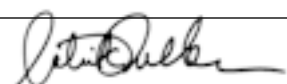
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City of Des Moines
21630 11th Avenue South
Des Moines, WA 98198

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ACORDTM CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/20/2009

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		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

Washington State Youth Soccer Association & Highline Soccer Association
Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Liability and accident insurance policies procured by the named insured are in compliance with the insurance provisions of HB1824.

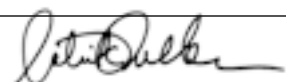
CERTIFICATE HOLDER

City of Burien Park & Recreation
Attn: Wayne Alishokis
425 Southwest 144th Street
Burien, WA 98166

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.

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8/20/2009

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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	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
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						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
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CERTIFICATE HOLDER

King County Parks
425 SW 144th Street
Burien, WA 98166

CANCELLATION

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