

CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 2

DATE (MM/DD/YYYY)
12/23/2022

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). PRODUCER CONTACT Willis Towers Watson Certificate Center NAME: Willis Towers Watson Southeast, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA FAX (A/C, No: Ext): 1-877-945-7378 FAX (A/C, No): 1-888-467-2378 INSURED US Lacrosse, Inc. 2 Loveton Circle Sparks Glencoe, MD 21152 INSURER : Pennsylvania Manufacturers ' Association In 12262 INSURER D: INSURER CERTIFICATE NUMBER: W27341904 REVISION NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED ABOVE FOR THE POLICY PERIOD INSURER D: INSURER D:	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.								
OPENDECE Control State (a) Is Towers Nation Southards, Inc. (b) State (c) State <td colspan="9">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</td>	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								
Bill of a forward Matter Bouldmark, Tac. Will be accessed by the second secon									
P.O. Box 100155 This Priling of the second	Willis Towers Watson Southeast, Inc.								
Nachville, TF J72303351 USA NACK Nachville, TF J72303351 USA NACK NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER <									
NUMBER 1. PREMAPY NAL & MANUASCHUZER # ABSOLATION TID 12282 UIII Laccase. Incl. NUMBER 1. MANUASCHUZER # ABSOLATION TID 12282 Spack of cleaces. Incl. NUMBER 1. Manufacturere * AbsOLATION TID 12282 Spack of cleaces. Incl. NUMBER 1. Manufacturere * AbsOLATION TID 12282 Spack of cleaces. Incl. NUMBER 1. Manufacturere * AbsOLATION TID 12282 Spack of cleaces. Incl. NUMBER 1. MANUFACTURE (STERNER) 12484 Spack of cleaces. Incl. NUMBER 1. MANUFACTURE (STERNER) 12484 COVERAGES CERTIFICATE NUMBER: W7341450 REVISION NUMBER. REVISION NUMBER. COVERAGES CERTIFICATE NUMBER: W7341450 REVISION NUMBER. REVISION NUMBER. COVERAGES CERTIFICATE NUMBER: W734450 REVISION NUMBER. REVISION NUMBER. COVERAGES CERTIFICATE NUMBER: W734450 REVISION NUMBER. REVISION NUMBER. VIEW VIEW OF MANUFACHURINER REVISION NUMBER. REVISION NUMBER. CIRCUMAR ADDEADOLOS OF SUCH POLICES LIMITS BOOK NUM AT AND NUMBER. REVISION NUMBER. Succession NUMBER. Mill Store of NUMAR ADDEADOLOS OF SUCH POLICES LIMITS BOOK NUM AT AND NUMBER. Succession NUMBER. </td <td></td> <td></td> <td colspan="5"></td>									
NOUND By Laccess, Inc. Insulance, Inc. 12262 By Laccess, Inc. Insulance, Inc. Insulance, Inc. COVERAGES CENTIFICATE NUMBER: INTSUGN NUMBER: Insulance, Inc. Coverage Center, Inc. Inc.									
BUDDERSE, Inc. Jourden Class Journel Class Journe	INSURED								
Partial diamone, No 21322 Imputes diamone, No 21322 Imputes diamone, No 21323 Imputes diamone, No 21323 Imputes diamone, No 21323 COVERAGES CERTIFICATE NUMBER; M27341034 REVISION NUMBER; Imputes diamone, No 21323 CERTIFICATE NUMBER; M27341034 REVISION NUMBER; Imputes diamone, No 21324 CERTIFICATE NUMBER; M27341034 REVISION NUMBER; Imputes diamone, No 21324 CERTIFICATE NUMBER; M27341034 Revision Number diamone, No 21424 Imputes diamone, No 21424 Certificate Number diamone, No 2144 Revision Number diamone, No 2144 Imputes diamone, No 2144 Certificate Number diamone, No 2144 Revision Number diamone, No 2144 Imputes diamone, No 2144 Certificate Number diamone, No 2144 Revision Number diamone, No 2144 Imputes diamone, No 2144 Certificate Number diamone, No 2144 Revision Number diamone, No 2144 Imputes diamone, No 2144 Revision Number diamone, No 2144 Revision Number diamone, No 2144 Imputes diamone, No 2144 Revision Number diamone, No 2144 Revision Number diamone, No 2144 Imputes diamone, No 2144 Revision Number diamone, No 2144 Revision Number diamone, No 2144 Imputes diamone, No 2144 Revision Number diamone, No 21									
COVERAGES CERTIFICATE NUMBER: W7241594 Revision NUMBER: COVERAGES CERTIFICATE NUMBER: W7241594 Revision NUMED Revision Number Revisint Number Revision Number Revision Number Revisint Number Revisio									
COVERAGE CENTFICATE NUMBER: *0724394 PEVISION NUMBER: *0724394 POLICY NUMBER: *072494 PERSONA 400 NUMRY * \$ 1,000,000 POLICY NUMBER: *072494 PERSONA 400 NUMRY * \$ 1,000,000 POLICY NUMBER: *072494 PERSONA 400 NUMRY * \$ 1,000,000 POLICY NUMBER: *072494 PERSONA 400 NUMRY * \$ 1,000,000 POLICY NUMBER: *07249 PERSONA 400 NUMRY * \$ 2,000,000 POLICY NUMBER: *07249 PERSONA 400 NUMRY * \$ 1,000,000 POLICY NUMBER: *07249 PERSONA 400 NUMRY * \$ 2,000,000 POLICY NUMPER: *07449 PERSONA 400 NUMRY * \$ 2,000,000 POLICY NUMPER: *07449 PERSONA 400 NUMRY * \$ 2,000,000 POLICY NUMPER: *07449 PERSONA 400 NUMRY * \$ 2,000,000 POLICY NUMPER: *07449 PERSONA 400 NUMRY * \$ 2,000,000 POLICY NUMPER: *07449 PERSONA 400 NUMRY * \$ 2,000,000 PERSONA 400 NUMRY * \$ 1,000 NUMRY * \$									
THIS IS TO CERTRY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATE. NAMED ABOVE FOR THE POLICY PERIOD INDICATE PERIOD INTERVIENT ADDITION OF THE POLICY PER									
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EXCLUSIONS AND CONDITIONS OF SUCH POLICES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. EXCLUSIONS AND CONDITIONS OF SUCH POLICES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. Image: Contract of the condition of such policies. Image: Contract of the condition of the condit condition of the condition of the conditio	COVERAGES CERTIFIC	ATE NUMBER: W27341904			REVISION NUMBER:				
LTM TYPE OF INSURANCE A CLAMMS MADE OCCUR INSURANCE Insure Insurance Insurance	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,								
A CLAMS-MOE COURT Storage A CLAMS-MOE COURT Storage A CLAMS-MOE COURT Storage A CLAMS-MOE COURT Storage A CLAMS-MOE Storage Storage A COMPORT Storage Storage A COMPACE TO STARL MONOCONCOUNT Storage A COMPACE TO STARL Storage Storage A COMPACE TO STARL Storage Storage A COMPACE TO STARL MONOCONCOUNT Storage A COMPACE TO STARL Storage Storage A CONTRACTOR Storage Storage Storage B UNDERFORMON </td <td></td> <td></td> <td>POLICY EFF (MM/DD/YYYY)</td> <td></td> <td>LIMIT</td> <td>S</td> <td></td>			POLICY EFF (MM/DD/YYYY)		LIMIT	S			
A Junction Junction <td></td> <td></td> <td></td> <td></td> <td>DAMAGE TO RENTED</td> <td></td> <td></td>					DAMAGE TO RENTED				
GENL AGGREGATE LIMIT APPLIES PER: POLCY GENCA AGGREGATE LIMIT APPLIES PER: PROPERTY DAMAGE SOFEDULED ANT AUTO GONE VINUEY (Per person) § BODIL YNUEY (PER readem) § BODI	A				MED EXP (Any one person)	\$			
Over Board Board Content Content Content Content Content S Automobile Liability Schebuled Schebuled Schebuled S Schebuled S Automobile Liability Schebuled Schebuled Schebuled Schebuled S Automobile Liability Schebuled Schebuled Schebuled S Schebuled S B Excess Liab Colume Schebuled S S S S WORKERS COMPENSIONS More Schebuled Schebuled S		302301-14-25-36-2	01/01/2023	01/01/2024	PERSONAL & ADV INJURY	\$	1,000,000		
OTHER: Image: Status in the status in th					GENERAL AGGREGATE	\$	5,000,000		
AUTOMOBLE LABULTY AUTOMOBLE LABULTY Image: Constraint of the second	POLICY PRO- JECT X LOC				PRODUCTS - COMP/OP AGG	\$	2,000,000		
AVA AUTO SCHEDULED SCHEDULED AVTOS ONLY AUTOS ONLY AUTOS ONLY BODLY NURY, Vergenson § B AUTOS ONLY AUTOS ONLY AUTOS ONLY B AUTOS ONLY AUTOS ONLY SCHEDULED B CLAIMS-MADE 652301-14-25-36-2 01/01/2023 01/01/2024 B WORKERS COMPENSIONS VIN VIN Ketter S WORKERS COMPENSIONS PLOY VIN N/A SETAULE S S MODERNO POTENTION SECUTIVE VIN VIN N/A EL LOBEASE - EAUPLOYCE S EL LOBEASE - POLICY LINT S A General Liability - 302301-14-25-36-2 01/01/2023 01/01/2024 Aggregate \$2,000,000 DESCRIPTION OF OPERATIONS / LOCATIONS / VENCLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Coccurrance \$1,000,000 DESCRIPTION OF OPERATIONS / LOCATIONS /	OTHER:					\$			
OWNED HIRED AUTOS ONLY AUTOS ONLY AUTOR AUTOS ONLY AUTOR AUTOR AUTOS ONLY AUTOR AUTOR AUTOR AUTOR AUTOR AUTOR AUTOR AUTOR	AUTOMOBILE LIABILITY					\$			
AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY B B AUTOS ONLY AUTOS ONLY B <td></td> <td></td> <td></td> <td></td> <td>BODILY INJURY (Per person)</td> <td>\$</td> <td></td>					BODILY INJURY (Per person)	\$			
AUTOS ONLY AUTOS ONLY Per accdem) 3 AUTOS ONLY AUTOS ONLY Image: Claims and Clai	AUTOS ONLY AUTOS				, ,	\$			
B UMBRELLALIAB X OCCUR 652301-14-25-36-2 01/01/2023 01/01/2024 AGGREGATE \$ 5,000,000 MORKERSCOMPENSATION AMD EMPLOYERS' LIABILITY FRTENTION S					PROPERTY DAMAGE (Per accident)	\$			
B EXCESS LIAB CLAIMS-MADE 652301-14-25-36-2 01/01/2023 01/01/2024 AGGREGATE \$ MORKERS COMPENSATION AND EMPLOYERS LIABILITY ANYPROPERTOR/ARTIREXECUTIVE Y/N I N/A BER STATUTE S A General Liability - Sexual Abuse/Molestation Y/N I N/A I I BER EL DISEASE - EA EMPLOYEE S EL DISEASE - EA EMPLOYEE S EL DISEASE - POLICY LIMIT S A General Liability - Sexual Abuse/Molestation 302301-14-25-36-2 01/01/2023 01/01/2024 Aggregate \$2,000,000 DESCRIPTION OF OPERATIONS /LOCATIONS						\$			
DED RETENTION\$ \$ WORKERS COMPENSATION AND EMPKDORRE TORPARTNER/EXECUTIVE COMPORTING PARTNER/EXECUTIVE COMPORTING PARTNER/EXECUTIVE COMPORTNER/EXECUTIVE COMPORTING PARTNER/EXECUTIVE COMPORTNE/	в				EACH OCCURRENCE	\$	5,000,000		
WORKERS COMPENSATION AND EMPCOPERS LABILTY AND EMPCOPRE TO REPREDENT Y/N N/A AND EMPCOPRE TO REPREDENT Y/N N/A DESCRIPTION OF OPERATIONS below Image: Comparison of the comparison o	X EXCESS LIAB CLAIMS-MADE	652301-14-25-36-2	01/01/2023	01/01/2024	AGGREGATE	\$			
AND EMPLOYERS' LABILITY Y/N ANYPROPRIETOR/PARTNERSEXECUTIVE Y/N If yes, describe under I If yes, describe under EL CACH ACCIDENT DESCRIPTION OF OPERATIONS below 302301-14-25-36-2 A General Liability - Sexual Abuse/Molestation 302301-14-25-36-2 01/01/2023 01/01/2024 Aggregate \$2,000,000 Per occurrence \$1,000,000 DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Coverage only applies to US Lacrosse Sanctioned Events and events involving the US Lacrosse National Teams, leagues, camps, clinics, tournaments and officials and coaches associations provided that they follow 100% registered member guidelines set forth by US Lacrosse. SEE ATTACHED SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPRATION DATE THEREOF, NOTICE WILL BE DELIVEED IN ACCORDANCE WITH THE POLICY PROVISIONS. Tarrytown and Sleepy Hollow Junior Horsemen Lacros AUTHORIZED REPRESENTATIVE 200 Broadway Sleepy Hollow, NY 10591						\$			
ANPPROPRIETOR/PARTNER/EXECUTIVE N/A EL. DISEASE - EA EMPLOYEE S Officer Member Records of Mith Memory in Mith DESCRIPTION OF OPERATIONS below N/A EL. DISEASE - POLICY LIMIT S A General Liability - Sexual Abuse/Molestation 302301-14-25-36-2 01/01/2023 01/01/2024 Aggregate \$2,000,000 DESCRIPTION OF OPERATIONS/LOCATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Coverage only applies to US Lacrosse Sanctioned Events and events involving the US Lacrosse National Teams, leagues, camps, clinics, tournaments and officials and coaches associations provided that they follow 100% registered member guidelines set forth by US Lacrosse. SEE ATTACHED CERTIFICATE HOLDER CANCELLATION Tarrytown and Sleepy Hollow Junior Horsemen Lacros SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Tarrytown and Sleepy Hollow Junior Horsemen Lacros AUTHORIZED REPRESENTATIVE 200 Broadway sleepy Hollow, NY 10591 AUTHORIZED REPRESENTATIVE					STATUTE ER				
Mandatory in NH) EL. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below A General Liability - Sexual Abuse/Molestation 302301-14-25-36-2 01/01/2023 01/01/2024 Aggregate \$2,000,000 Per occurrence \$1,000,000 DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Coverage only applies to US Lacrosse Sanctioned Events and events involving the US Lacrosse National Teams, leagues, camps, clinics, tournaments and officials and coaches associations provided that they follow 100% registered member guidelines set forth by US Lacrosse. SEE ATTACHED CERTIFICATE HOLDER CANCELLATION Tarrytown and Sleepy Hollow Junior Horsemen Lacros SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Tarrytown and Sleepy Hollow Junior Horsemen AUTHORIZED REPRESENTATIVE 200 Broadway Sleepy Hollow, NY 10591 AUTHORIZED REPRESENTATIVE					E.L. EACH ACCIDENT	\$			
DESCRIPTION OF OPERATIONS below EL. DISEASE - POLICY LIMIT \$ A General Liability - 302301-14-25-36-2 01/01/2023 01/01/2024 Aggregate \$2,000,000 Per occurrence \$1,000,000 Per occurrence \$1,000,000 DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Coverage only applies to US Lacrosse Sanctioned Events and events involving the US Lacrosse National Teams, leagues, camps, clinics, tournaments and officials and coaches associations provided that they follow 100% registered member guidelines set forth by US Lacrosse. SEE ATTACHED SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Tarrytown and Sleepy Hollow Junior Horsemen Lacros AUTHORIZED REPRESENTATIVE 200 Broadway Sleepy Hollow, NY 10591	(Mandatory in NH)				E.L. DISEASE - EA EMPLOYEE	\$			
Sexual Abuse/Molestation Per occurrence \$1,000,000 DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Coverage only applies to US Lacrosse Sanctioned Events and events involving the US Lacrosse National Teams, leagues, camps, clinics, tournaments and officials and coaches associations provided that they follow 100% registered member guidelines set forth by US Lacrosse. SEE ATTACHED CANCELLATION CERTIFICATE HOLDER CANCELLATION Tarrytown and Sleepy Hollow Junior Horsemen Lacros SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Tarrytown and Sleepy Hollow Junior Horsemen Lacros AUTHORIZED REPRESENTATIVE 200 Broadway Sleepy Hollow, NY 10591	DÉSCRIPTION OF OPERATIONS below								
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Coverage only applies to US Lacrosse Sanctioned Events and events involving the US Lacrosse National Teams, leagues, camps, clinics, tournaments and officials and coaches associations provided that they follow 100% registered member guidelines set forth by US Lacrosse. SEE ATTACHED CERTIFICATE HOLDER CANCELLATION Tarrytown and Sleepy Hollow Junior Horsemen Lacros 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 AUTHORIZED REPRESENTATIVE 200 Broadway Sleepy Hollow, NY 10591		302301-14-25-36-2	01/01/2023	01/01/2024					
Coverage only applies to US Lacrosse Sanctioned Events and events involving the US Lacrosse National Teams, leagues, camps, clinics, tournaments and officials and coaches associations provided that they follow 100% registered member guidelines set forth by US Lacrosse. SEE ATTACHED CERTIFICATE HOLDER CANCELLATION CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Tarrytown and Sleepy Hollow Junior Horsemen Lacros 200 Broadway Sleepy Hollow, NY 10591 AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE	Sexual Abuse/Molestation				Per occurrence	\$1,000	,000		
guidelines set forth by US Lacrosse. SEE ATTACHED CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Tarrytown and Sleepy Hollow Junior Horsemen Lacros 200 Broadway Sleepy Hollow, NY 10591	Coverage only applies to US Lacrosse Sanctioned Events and events involving the US Lacrosse National Teams, leagues,								
Tarrytown and Sleepy Hollow Junior Horsemen SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE Tarrytown and Sleepy Hollow Junior Horsemen AUCORDANCE WITH THE POLICY PROVISIONS. 200 Broadway Sleepy Hollow, NY 10591	guidelines set forth by US Lacrosse.								
Tarrytown and Sleepy Hollow Junior Horsemen SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE Tarrytown and Sleepy Hollow Junior Horsemen AUCORDANCE WITH THE POLICY PROVISIONS. 200 Broadway Sleepy Hollow, NY 10591									
THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Tarrytown and Sleepy Hollow Junior Horsemen Lacros 200 Broadway Sleepy Hollow, NY 10591	CERTIFICATE HOLDER		CANCELLATION						
Lacros AUTHORIZED REPRESENTATIVE 200 Broadway Sleepy Hollow, NY 10591 John Slaw			THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN						
Lacros 200 Broadway Sleepy Hollow, NY 10591 John Beau	Tarrytown and Sleepy Hollow Junior Horsemen								
	Lacros 200 Broadway								

AGENCY CUSTOMER ID: _____ LOC #: _____

CORD

ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY Willis Towers Watson Southeast, Inc. POLICY NUMBER See Page 1 CARRIER See Page 1 ADDITIONAL REMARKS		NAMED INSURED US Lacrosse, Inc. 2 Loveton Circle Sparks Glencoe, MD 21152 EFFECTIVE DATE: See Page 1						
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,								
FORM NUMBER: FORM TITLE: Certificate of	: Liability	Insurance						
Public Schools of the Tarrytowns is included as an Additional Insured as respects to General Liability, where required by written contract.								
INSURER AFFORDING COVERAGE: National Union Fire : POLICY NUMBER: SRG0009160719 EFF DATE: 01/01			NAIC#: 19445					
TYPE OF INSURANCE: LIMIT DESCRIPT Catastrophic Accident Limit: Accident Medical Expense Benefit	TION:	LIMIT AMOUNT: \$1,000,000						
INSURER AFFORDING COVERAGE: National Union Fire 7 POLICY NUMBER: SRG0009160718 EFF DATE: 01/01			NAIC#: 19445					
TYPE OF INSURANCE: LIMIT DESCRIPT Base Participant Accident Limit: Accident Medical Expense Benefit	TION:	LIMIT AMOUNT: \$100,000						