

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.								
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ADDITIONAL REMARKS SCHEDULE

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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						