

To:

Alex Ballings

from:

MTsc

ACORD™ CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YY) 02/17/06
PRODUCER Bollinger, Inc. 830 Morris Turnpike Short Hills, NJ 07078-5000 A.J. Morgan Phone No. 800-526-1379 Fax No. 973-921-2876	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		
INSURED U.S. Club Soccer Bill Sage 716 8th North Myrtle Beach SC 29577	INSURER A: Markel Insurance Company INSURER B: Markel 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	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	3602AH235480	03/01/05	03/01/06	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire) \$ 100,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5,000
	<input checked="" type="checkbox"/> Incl Participants				PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE \$ 5,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				PRODUCTS - COMPIOP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY				
<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$	
<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$	
<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$	
<input type="checkbox"/> HIRED AUTOS					
<input type="checkbox"/> NON-OWNED AUTOS					
GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$	
<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$	
				AUTO ONLY: AGG \$	
EXCESS LIABILITY				EACH OCCURRENCE \$	
<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$	
<input type="checkbox"/> DEDUCTIBLE				\$	
<input type="checkbox"/> RETENTION \$				\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/>	
				E.L. EACH ACCIDENT \$	
				E.L. DISEASE - EA EMPLOYEE \$	
				E.L. DISEASE - POLICY LIMIT \$	
B	OTHER	4102AH235479	03/01/05	03/01/06	Med Max: \$ 100,000
	Accident Insurance Full Excess				Ded: \$ 250

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

Coverage is provided under this policy only for sponsored and supervised activities of the named insured for which a premium has been paid. Certificate holder is named as an additional insured. Certificate is issued on behalf of: Metro Tulsa Soccer Club, club #1114

CERTIFICATE HOLDER	ADDITIONAL INSURED; INSURER LETTER	CANCELLATION
Redeemer Covenant Church 5415 E. 101st Street Tulsa	OK 74137	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ 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