

# ACORD<sup>TM</sup> CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
8/12/2009

PRODUCER	For Service Contact: Pullen Insurance Services, Inc. 6300 Ridglea Place, #614 Fort Worth, TX 76116 (817) 738-6100	<b>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.</b>												
	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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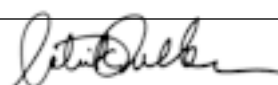
## COVERAGES

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.

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

Washington State Youth Soccer Association & Wenatchee Valley Youth Soccer Assoc.  
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<b>CERTIFICATE HOLDER</b> Cascade School District #228 330 Evans Street Leavenworth, WA 98826	<b>CANCELLATION</b> 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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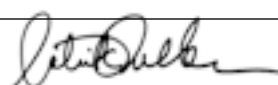
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<b>CERTIFICATE HOLDER</b> Chelan County PUD Hwy 28 East Wenatchee, WA 98802	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE 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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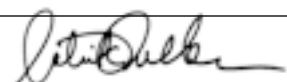
## CERTIFICATE HOLDER

City of Cashmere  
101 Woodring  
Cashmere, WA 98815

## CANCELLATION

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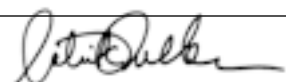
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210 S Division  
Cashmere, WA 98815

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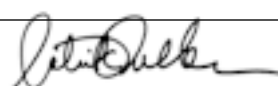
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City of Chelan  
 135 East Johnson Avenue  
 Chelan, WA 98816

## 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 

# ACORD<sup>TM</sup> CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
8/12/2009

PRODUCER	For Service Contact: Pullen Insurance Services, Inc. 6300 Ridglea Place, #614 Fort Worth, TX 76116 (817) 738-6100	<b>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.</b>												
	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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## COVERAGES

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INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS									
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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

Washington State Youth Soccer Association & Wenatchee Valley Youth Soccer Assoc.

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.

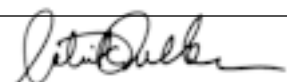
## CERTIFICATE HOLDER

City of East Wenatchee  
271 9th Street NE  
East Wenatchee, WA 98802

## CANCELLATION

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	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	
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						GENERAL AGGREGATE	UNLIMITED
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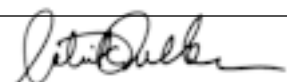
## CERTIFICATE HOLDER

City of Leavenworth  
P.O. Box 287  
Leavenworth, WA 98826

## 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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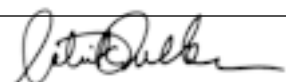
## CERTIFICATE HOLDER

City of Manson  
Madeline Road  
Manson, WA 98831

## CANCELLATION

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## CERTIFICATE HOLDER

City of Wenatchee  
P O Box 519  
Wenatchee, WA 98807

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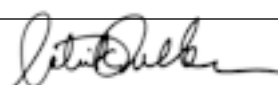
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 Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Liability and accident insurance policies procured by the named insured are in compliance with the insurance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

<b>CERTIFICATE HOLDER</b> David Haehl 3150 Empire East Wenatchee, WA 98802	<b>CANCELLATION</b> 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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# ACORD<sup>TM</sup> CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
8/12/2009

PRODUCER	For Service Contact: Pullen Insurance Services, Inc. 6300 Ridglea Place, #614 Fort Worth, TX 76116 (817) 738-6100	<b>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.</b>												
	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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## COVERAGES

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INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS									
A	X	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 DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$1,000,000 \$300,000 \$5,000 \$1,000,000 UNLIMITED \$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) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$1,000,000    								
		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 OCCURANCE AGGREGATE	\$5,000,000  								
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<table border="1"> <tr> <td>WC STATUTORY LIMITS</td> <td>OTH-ER</td> </tr> <tr> <td colspan="2">E. L. EACH ACCIDENT</td> </tr> <tr> <td colspan="2">E. L. DISEASE - EA EMPLOYEE</td> </tr> <tr> <td colspan="2">E. L. DISEASE - POLICY LIMIT</td> </tr> </table>	WC STATUTORY LIMITS	OTH-ER	E. L. EACH ACCIDENT		E. L. DISEASE - EA EMPLOYEE		E. L. DISEASE - POLICY LIMIT		
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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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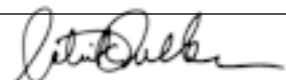
### CERTIFICATE HOLDER

Douglas County Parks  
255 N. Georgia Avenue  
East Wenatchee, WA 98802

### 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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	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
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	Insurer D:	
	Insurer E:	

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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
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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
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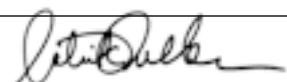
## CERTIFICATE HOLDER

Douglas County Public Utility District  
1151 Valley Mall Parkway  
East Wenatchee, WA 98802

## 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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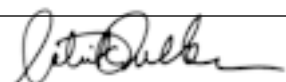
## CERTIFICATE HOLDER

Dryden City  
Main Street  
Dryden, WA 98821

## CANCELLATION

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### CERTIFICATE HOLDER

Eastmont School District  
460 NE 9th Street  
East Wenatchee, WA 98802

### CANCELLATION

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Washington State Youth Soccer Association & Wenatchee Valley Youth Soccer Assoc.

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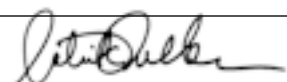
## CERTIFICATE HOLDER

Leavenworth School District  
225 Central Avenue  
Leavenworth, WA 98826

## 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



# ACORD<sup>TM</sup> CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
8/12/2009

PRODUCER	For Service Contact: Pullen Insurance Services, Inc. 6300 Ridglea Place, #614 Fort Worth, TX 76116 (817) 738-6100	<b>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.</b>												
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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) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$1,000,000    								
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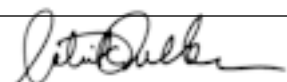
## CERTIFICATE HOLDER

Manson Parks and Recreation  
312 Quetilquasoon  
Manson, WA 98831

## 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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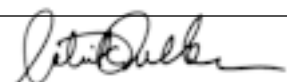
## CERTIFICATE HOLDER

Peshastin School District  
School Street  
Preshastin, WA 98847

## CANCELLATION

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## CERTIFICATE HOLDER

Wenatchee Parks Department  
2 South Chelan  
Wenatchee, WA 98801

## CANCELLATION

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						MED EXP (Any one person)	\$5,000
						PERSONAL & ADV INJURY	\$1,000,000
						GENERAL AGGREGATE	UNLIMITED
						PRODUCTS - COMP/OP AGG	\$1,000,000
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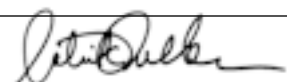
## CERTIFICATE HOLDER

Wenatchee School District  
1300 Millerdale  
Wenatchee, WA 98801

## CANCELLATION

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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	
		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 & Wenatchee Valley Youth Soccer Assoc.

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

Wenatchee Valley College  
1300 5th Street  
Wenatchee, WA 98801

## 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

