

DATE (MM/DD/YYYY) 8/1/2016

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.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must 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  Gagliardi Insurance Services, Inc.	CONTACT NAME: PHONE (A/C, No, Ext): (408) 414-8100 FAX (A/C, No): (408) 4	14-8199
2380 S. Bascom Ave. Suite 100	ADDRESS: sales@gsportsinsurance.com	
Campbell, CA 95008 0791300	INSURER(S) AFFORDING COVERAGE	NAIC#
0/91300	INSURER A: New York Marine & General Ins.	16608
INSURED Los Alamitos Youth Football and Cheer	INSURER B: Starr Indemnity & Liability Co	38318
11121 Martha Ann Drive	INSURER C:	
Rossmoor, CA 90720	INSURER D:	
562-340-7355	INSURER E:	
	INSURER F:	

0791300				NAIC#							
0/91300						INSURER A: New York Marine & General Ins.					16608
INSU	SURED Los Alamitos Youth Football and Cheer						RB: Starr	Indemnit	ty & Liability Co	)	38318
		11121 Martha Ann	$\mathtt{Dr}$	ive		INSURE	R C :				
		Rossmoor, CA 9072	20			INSURE	RD:				
		562-340-7355				INSURE	RE:				
						INSURE	RF:				
CO	/ERAGE	ES CERT	ΠFIC	ATE I	NUMBER:				REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUE INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTICETIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE PEXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCE:				OR CONDITION OF ANY CONTRA RANCE AFFORDED BY THE POLI	ACT OR	OTHER DOCUM ESCRIBED HER	IENT WITH RESI	PECT TO WHICH THIS			
NSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	X co	MMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	<b>\$ 1</b>	,000,000
		CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
	X Ab	ouse & Molestation			DW201600007674		7/31/2016	7/31/2017	MED EXP (Any one person)	\$	0
Α			X		PK201600007674		7/31/2016	7/31/2017	PERSONAL & ADV INJURY	<b>\$</b> 1	,000,000
	GEN'L A	AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	<sub>\$</sub> 5	,000,000
	X PO	PRO- JECT LOC								<b>\$ 2</b>	,000,000
	ОТ	HER:							Participant Legal Liab	<b>\$</b> 1	,000,000

COMBINED SINGLE LIMIT 1,000,000 AUTOMOBILE LIABILITY BODILY INJURY (Per person) ANYAUTO PK201600007674 7/31/2016 7/31/2017 ALL OWNED AUTOS SCHEDULED AUTOS BODILY INJURY (Per accident) Α NON-OWNED PROPERTY DAMAGE (Per accident) X HIRED AUTOS AUTOS UMBRELLA LIAB OCCUR EACH OCCURRENCE EXCESS LIAB CLAIMS-MADE AGGREGATE RETENTION S WORKERS COMPENSATION PER STATUTE AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE E.L. EACH ACCIDENT OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS belov E.L. DISEASE - POLICY LIMIT

7/31/2016

7/31/2017

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) City of Los Alamitos, its Board, Board Members, Officers, Agents & Employees are added as an additional insured, but only with respect to the liability arising out of the negligence of the named insured. All policy terms and conditions apply.

BAP 60000

BAP 61000

CERTIFICATE HOLDER	CANCELLATION
City of Los Alamitos 10911 oak Street Los Alamitos, CA 90720	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
1	AUTHORIZED REPRESENTATIVE COCCUMULE

Limit \$100K / \$250 DED

Limit \$1,000,000

AD&D \$25K

Accident Medical

Catastrophic Medical



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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must 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).

2380 S. Bascom Ave. Suite 100 Campbell, CA 95008		CONTACT NAME: PHONE (A/C, No. Ext): (408) 414-8100  E-MAIL ADDRESS: sales@gsportsinsurance.com						
		INSURER(S) AFFORDING COVERAGE	NAIC#					
		INSURER A: New York Marine & General Ins. 166						
11121 Rossmo	Los Alamitos Youth Football and Cheer	INSURER B: Starr Indemnity & Liability Co	38318					
	11121 Martha Ann Drive	INSURER C:						
	Rossmoor, CA 90720	INSURER D:						
	562-340-7355	INSURER E:						
		INSURER F:						

**COVERAGES** CERTIFICATE NUMBER: REVISION NUMBER: 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, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ADDL TYPE OF INSURANCE POLICY NUMBER INSD WVD COMMERCIAL GENERAL LIABILITY 1,000,000 EACH OCCURRENCE CLAIMS-MADE X OCCUR 300,000 PREMISES (Ea occurrence) X Abuse & Molestation 0 MED EXP (Any one person) PK201600007674 7/31/2016 7/31/2017 1,000,000 X A PERSONAL & ADV INJURY 5,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE PRO-JECT 2,000,000 X POLICY PRODUCTS - COMP/OP AGG 1,000,000 OTHER COMBINED SINGLE LIMIT AUTOMOBILE LIABILITY 1,000,000 BODILY INJURY (Per person) ANYAUTO PK201600007674 7/31/2016 7/31/2017 ALL OWNED AUTOS SCHEDULED AUTOS BODILY INJURY (Per accident) Α NON-OWNED PROPERTY DAMAGE X X HIRED AUTOS (Per accident) AUTOS UMBRELLA LIAB OCCUR EACH OCCURRENCE EXCESS LIAB CLAIMS-MADE AGGREGATE RETENTION S WORKERS COMPENSATION PER STATUTE AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE E.L. EACH ACCIDENT OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS belo E.L. DISEASE - POLICY LIMIT BAP 60000 7/31/2017 Limit \$100K / \$250 DED Accident Medical 7/31/2016 AD&D \$25K BAP 61000 7/31/2017 Limit \$1,000,000 Catastrophic Medical DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) The Certificate holder is included as an additional insured, but only with respect to the liability arising out of the negligence of the named insured. All policy terms and conditions apply.

CERTIFICATE HOLDER	CANCELLATION
Los Alamitos High School 3591 Cerritos Ave Los Alamitos, CA 90720	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 COCCUMULE

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2380 S. Bascom Ave. Suite 100	ADDRESS: sales@gsportsinsurance.com	
Campbell, CA 95008 0791300	INSURER(S) AFFORDING COVERAGE	NAIC#
0/91300	INSURER A: New York Marine & General Ins.	16608
INSURED Los Alamitos Youth Football and Cheer	INSURER B: Starr Indemnity & Liability Co	38318
11121 Martha Ann Drive	INSURER C:	
Rossmoor, CA 90720	INSURER D:	
562-340-7355	INSURER E:	
	INSURER F:	

0791300					INSURER(S) AFFORDING COVERAGE					NAIC#
0 /	791300					INSURER A: New York Marine & General Ins.				
NSU	RED Los Alamitos Youth I	tba:	ll and Cheer	INSURER B:	Starr	Indemnit	y & Liability Co	)	38318	
11121 Martha Ann Drive										
Rossmoor, CA 90720						:				
	562-340-7355				INSURER E:					
					INSURER F:					
CO	VERAGES CERT	IFIC/	ATE I	NUMBER:				REVISION NUMBER:		
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ISR .TR			SUBR WVD	POLICY NUMBER	PO (MM/	LICY EFF /DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3	
Α	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  X Abuse & Molestation  GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY PRODUCT LOC OTHER:	x		PK201600007674	7/3	1/2016	7/31/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Anyone person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Participant Legal Liab	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	,000,000 300,000 0 ,000,000 ,000,000 ,000,000
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,	,000,000

ANYAUTO PK201600007674 7/31/2016 7/31/2017 ALL OWNED AUTOS SCHEDULED BODILY INJURY (Per accident) NON-OWNED PROPERTY DAMAGE X HIRED AUTOS (Per accident) AUTOS UMBRELLA LIAB OCCUR EACH OCCURRENCE EXCESS LIAB CLAIMS-MADE AGGREGATE RETENTION WORKERS COMPENSATION PER STATUTE AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE E.L. EACH ACCIDENT OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS belo E.L. DISEASE - POLICY LIMIT BAP 60000 7/31/2016 7/31/2017 Limit \$100K / \$250 DED Accident Medical AD&D \$25K

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Los Alamitos Unified School District, its Board, Board Members, Officers, Agents, & Employees are included as an additional insured, but only with respect to the liability arising out of the negligence of the named insured. All policy terms and conditions apply.

BAP 61000

CERTIFICATE	HOI DER

Catastrophic Medical

Los Alamitos Unified School District 10293 Bloomfield Street Los Alamitos, CA 90720

#### 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.

AUTHORIZED REPRESENTATIV

7/31/2016 7/31/2017

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Limit \$1,000,000



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		INSURER(S) AFFORDING COVERAGE	NAIC#		
		INSURER A: New York Marine & General Ins. 1660			
INSURED Los Alamitos Y	outh Football and Cheer	INSURER B: Starr Indemnity & Liability Co	38318		
11121 Martha Ann Drive	Ann Drive	INSURER C:			
Rossmoor, CA	90720	INSURER D:			
562-340-7355		INSURER E:			
		INSURER F:			

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Los Alamitos Youth Football and Cheer 11121 Martha Ann Drive Rossmoor, CA 90720

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

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continuate metaer in nea or each enacreement(e)							
PRODUCER	CONTACT NAME:						
Gagliardi Insurance Services, Inc.	PHONE (A/C, No, Ext): (408) 414-8100 FAX (A/C, No): (408) 414-8199						
2380 S. Bascom Ave. Suite 100	E-MAIL ADDRESS: sales@gsportsinsurance.com						
Campbell, CA 95008	INSURER(S) AFFORDING COVERAGE NAIC#						
0791300	INSURER A: New York Marine & General Ins. 16608						
INSURED Los Alamitos Youth Football and Cheer	INSURER B: Starr Indemnity & Liability Co 38318						
11121 Martha Ann Drive	INSURER C:						
Rossmoor, CA 90720	INSURER D:						
562-340-7355	INSURER E:						
	INSURER F:						

	Rossmoor, CA 90720				INSURER D:				
	562-340-7355			INSUR	ER E :				
				INSUR	ERF:				
CO	VERAGES CERT	TIFICA	\TE	NUMBER:			REVISION NUMBER:		
IN CE	HIS IS TO CERTIFY THAT THE POLICIES OF INSUDICATED. NOTWITHSTANDING ANY REQUIREMING FOR MAY PERTAIN (CLUSIONS AND CONDITIONS OF SUCH POLICIES	OR CONDITION OF ANY CONTRACT OR RANCE AFFORDED BY THE POLICIES [	OTHER DOCUM	MENT WITH RESI	PECT TO WHICH THIS				
NSR LTR	TYPE OF INSURANCE	ADDL INSD		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3	
A	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  X Abuse & Molestation  GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY PRO- DIECT LOC  OTHER:	x		PK201600007674		7/31/2017	DAMAGE TO RENTED PREMISES (Ea occurrence)  MED EXP (Any one person)	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	000,000 300,000 0 000,000 000,000 000,000
A	ANY AUTO ALL OWNED AUTOS  X HIRED AUTOS X HIRED AUTOS X AUTOS X AUTOS X AUTOS X AUTOS			PK201600007674	7/31/2016	7/31/2017	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ 1, \$ \$ \$	000,000

Limit \$1,000,000 Catastrophic Medical DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) The Certificate holder is included as an additional insured, but only with respect to the liability arising out of the negligence of the named insured. All policy terms and conditions apply.

BAP 60000

BAP 61000

CERTIFICATE HOLDER	CANCELLATION
Oak Middle School 10821 Oak Street Los Alamitos, CA 90720	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

7/31/2016

7/31/2017

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EACH OCCURRENCE

PER STATUTE

E.L. EACH ACCIDENT

AD&D \$25K

E.L. DISEASE - EA EMPLOYEE

E.L. DISEASE - POLICY LIMIT

Limit \$100K / \$250 DED

AGGREGATE

UMBRELLA LIAB

WORKERS COMPENSATION AND EMPLOYERS' LIABILITY

OFFICER/MEMBER EXCLUDED? (Mandatory in NH)

RETENTION S

ANY PROPRIETOR/PARTNER/EXECUTIVE

If yes, describe under DESCRIPTION OF OPERATIONS belo

Accident Medical

EXCESS LIAB

OCCUR

CLAIMS-MADE



DATE(MM/DD/YYYY) 8/1/2016

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Campbell, CA 95008 0791300	INSURER(S) AFFORDING COVERAGE	NAIC#				
777	INSURER A: New York Marine & General Ins.	16608				
INSURED Los Alamitos Youth Football and Cheer	INSURER B: Starr Indemnity & Liability Co	38318				
11121 Martha Ann Drive	INSURER C:					
Rossmoor, CA 90720	INSURER D:					
562-340-7355	INSURER E:					
	INSURER F:					

						HIGORE	\ L .				
						INSURE	RF:				
COVERAGES CERTIFICATE NUMBER:						REVISION NUMBER:					
INI CE	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, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.										
INSR LTR TYPE OF INSURANCE			INSD WVD POLICY NUMBER				POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A		COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  Abuse & Molestation  ACLAIMS-MADE X OCCUR  Abuse & Molestation  ACLAIMS-MADE X OCCUR  Abuse & Molestation  ACLAIMS-MADE X OCCUR	X	wvb	PK201600007674			7/31/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG PARTICIPANT Legal Liab	\$ 1, \$ \$ 1, \$ 5, \$ 2,	000,000 300,000 0 000,000 000,000
A	AUT	OTHER: COMOBILE LIABILITY  ANY AUTO ALL OWNED AUTOS HIRED AUTOS  X  AUTOS AUTOS AUTOS AUTOS			PK201600007674	L 7	7/31/2016	7/31/2017	COMBINED SINGLE LIMIT (Ea accident)  BODILY INJURY (Per person)  BODILY INJURY (Per accident)  PROPERTY DAMAGE (Per accident)		000,000
	AND ANY	UMBRELLA LIAB  EXCESS LIAB  DED  RETENTION \$  RKERS COMPENSATION  EMPLOYERS' LIABILITY  PPOPRIETOR/PARTNER/EXECUTIVE  V/N	N/A						AGGREGATE  PER STATUTE OTHER  E.L. EACH ACCIDENT	\$ \$ \$	
	(Man	CER/MEMBER EXCLUDED?  Idatory in NH)  , describe under CRIPTION OF OPERATIONS below	N/A						E.L. DISEASE - EA EMPLOYEE  E.L. DISEASE - POLICY LIMIT	\$	
В	Ac	ccident Medical			BAP 61000				Limit \$100K / AD&D \$25K Limit \$1,000,0		) DED
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  The Certificate holder is included as an additional insured, but only with respect to the liability arising out of the operations of the named insured.  All policy terms and conditions apply.											

CERTIFICATE HOLDER

Orange County Junior All American
Football (OCJAAF)
2319 Songbird Lane
Rowland Heights, CA 91748

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.

AUTHORIZED REPRESENTATIVE