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|--|---|--|---|----------------------|---|
| <b>CERTIFICATE OF INSURANCE</b>  |   | <b>DATE:</b> 2/5/2015  |   |                      |   |
|  |   | <b>CERTIFICATE NUMBER:</b> 20150205313606  |   |                      |   |
| <b>AGENCY:</b>   |   |  |   |                      |   |
| ESIX 3 LLC<br>d/b/a Entertainment & Sports Insurance eXperts (ESIX)<br>d/b/a Entertainment and Sports Insurance Agency (California)<br>2727 Paces Ferry Road, Building Two, Suite 1500<br>Atlanta, GA 30339<br>678-324-3300 (Telephone)<br>678-324-3303 (Facsimile)  |   | THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND<br>CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES<br>NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES<br>BELOW. |   |                      |   |
| <b>NAMED INSURED:</b>  |   | <b>INSURERS AFFORDING COVERAGE:</b>  |   |                      |   |
| Alliance Management Group, LLC. (Nebraska State Soccer Association)<br>4151 South 84th Street, #B<br>Omaha NE 68127  |   | Kearney Soccer Club<br>PO Box 752<br>Kearney NE 68848  |   |                      |   |
|  |   | INSURER A: Greenwich Insurance Company   |   |                      |   |
| <b>EVENT INFORMATION:</b>  |   |  |   |                      |   |
| Soccer practice (2/5/2015 - 9/1/2015)  |   |  |   |                      |   |
| <b>POLICY/COVERAGE INFORMATION:</b>  |   |  |   |                      |   |
| THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY<br>REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE<br>INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE<br>LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. |   |  |   |                      |   |
| <b>INS</b>   | <b>TYPE OF INSURANCE:</b>                                       | <b>POLICY NUMBER(S):</b>   | <b>EFFECTIVE:</b>   | <b>EXPIRES:</b>      | <b>LIMITS:</b>                                    |
| A  | GENERAL LIABILITY   |  |   |                      |   |
|  | <input checked="" type="checkbox"/> Occurrence                  | ASG0895747   | 9/1/2014<br>12:01 AM  | 9/1/2015<br>12:01 AM | GENERAL AGGREGATE (Applies Per Event) \$5,000,000 |
|  | <input checked="" type="checkbox"/> Participant Legal Liability |  |   |                      | EACH OCCURRENCE \$1,000,000                       |
|  |   |  |   |                      | DAMAGE TO RENTED PREMISES (Each Occ.) \$1,000,000 |
|  |   |  |   |                      | MEDICAL EXPENSE (Any one person) \$5,000          |
|  |   |  |   |                      | PERSONAL & ADV INJURY \$1,000,000                 |
|  |   |  |   |                      | PRODUCTS-COMP/OP AGG \$5,000,000                  |
| <b>DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS:</b>  |   |  |   |                      |   |
| The certificate holder is an additional insured, as required by written contract or written agreement, but only for the liability arising out of the negligence of the named<br>insured as respects to Nebraska State Soccer Association sanctioned or approved activities, effective the date of this certificate issuance.   |   |  |   |                      |   |
| Coverage applies to affiliate/member clubs, teams and leagues of Nebraska State Soccer Association and their validly registered players and players participating in<br>tryouts, and coaches, but only with respect to activities sanctioned or approved by Nebraska State Soccer Association.   |   |  |   |                      |   |
| <b>CERTIFICATE HOLDER:</b>   |   |  | <b>NOTICE OF CANCELLATION:</b>  |                      |   |
| Kearney Public Schools<br>PO Box 904<br>Kearney NE 68848   |   |  | Should any of the above described policies be cancelled before the expiration date thereof,<br>notice will be delivered in accordance with the policy provisions. |                      |   |
|  |   |  | <b>AUTHORIZED REPRESENTATIVE:</b>   |                      |   |
|  |   |  |   |                      |   |