ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/11/2026

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 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 NAME: Joseph Micciche
ESP INSURANCE BROKERAGE 101 Creekside Crossing Ste 1700-264 Brentwood TN 37122	PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: joe.micciche@espspecialty.com

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
NORTH JERSEY POP WARNER 174 RENSHAW AVE EAST ORANGE NJ 07017	INSURER A : HDI Global Insurance Co.	
	INSURER B : Everest Reinsurance Company	26921
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** CL267855665 **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. LIMITS SHOWN ARE INCLUSIVE OF AMOUNTS REQUESTED BY THE CERTIFICATE HOLDER AND MAY NOT REFLECT POLICY LIMIT AMOUNTS IN EXCESS OF THOSE REQUESTED. ***Not Applicable in WY**

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC ☐ OTHER:	Y		HDGL003701751	08/01/2026	08/01/2027	EACH OCCURRENCE 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 $ $ 1,000,000 $ 2,000,000 $ 2,000,000
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $
	☐ UMBRELLA LIAB ☐ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					☐ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ $ $
B	PARTICIPANTS MEDICAL			AHP1200068-251	08/01/2026	08/01/2027		SEE REMARKS

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

THE CERTIFICATE HOLDER is added as an additional insured with respects to general liability coverage but only with respect to liability arising out of the operations of the named insureds league.
Sexual Abuse / Molestation limits are as follows: $1,000,000 EACH OCCURRENCE / $2,000,000 AGGREGATE
THIS POLICY DOES NOT EXCLUDE CONCUSSIONS

CERTIFICATE HOLDER

UNION BOARD OF EDUCATION
2369 MORRIS AVE
UNION NJ 07083

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

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AGENCY CUSTOMER ID: 00013625

LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
ESP INSURANCE BROKERAGE	NORTH JERSEY POP WARNER
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE: 08/01/2026

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: _____ **FORM TITLE:** _____

THE CERTIFICATE HOLDER is added as an additional insured with respects to general liability coverage but only with respect to liability arising out of the operations of the named insureds league.
Sexual Abuse / Molestation limits are as follows: $1,000,000 EACH OCCURRENCE / $2,000,000 AGGREGATE
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YOUTH FOOTBALL AND OR CHEER PARTICIPANTS MEDICAL COVERAGE
CARRIER: EVEREST
POLICY NUMBER: AHP1200068-251
Accidental Death, Accidental Dismemberment (AD&D) Benefit: $10,000 Maximum amount
Accident Medical Expense Benefit: $250,000
Deductible: $250 per accident
Dental Maximum: $250 per tooth/per accident
Incurral Period: within 90 days of the date of the accident causing the Injury
Benefit Payout Period: payable only for such charges incurred within 52 weeks after the date of the accident causing the Injury

DIRECTORS & OFFICERS - DOES NOT APPLY TO
MEMBER ORGANIZATIONS
CARRIER: GREAT AMERICAN
Directors & Officers Limit $1,000,000
Retention $1,000
Aggregate Limit $1,000,000

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Township of Union Public Schoo

HOLD HARMLESS AGREEMENT

1. The applicant agrees and understands that the Township of Union Board of Education carries insurance covering its legal liability. The Township of Union Board of Education assumes no liability of the Applicant or of the participants or invitees of the applicant. The applicant further agrees that the Township of Union Board of Education assumes no responsibility for damages and/or theft of property that may arise out of permitted use of its facility.

2. The applicant agrees to indemnify the Township of Union Board of Education and save it harmless from and against any and all claims, actions, damages, liability and expense which includes, but not limited to, attorneys' fees in connection with loss of life, personal injury and/or damage to property arising from or out of the occupancy or use by the applicant of the Township of Union Board of Education's facility occasioned, wholly or in part, by any act of omission of the applicant, its agents, contractors, subcontractors, employees, representatives or invitees.

Name: Ronald Williams

Title: Commissioner

Organization: Union Rams

Name of District Facility: Union high school

Date of the Event: 11/07/2026

Authorized Signature: Ronald Williams

Date: 11/05/2026