Timber Creek Booster Club Information and Contact

SPORT	COACH	NAME OF BOOSTER	CONTACT PERSON	CONTACT INFORMATION	PHONE
Football	Brian Wright	Timber Creek Football	Michael Trant		
		Timber Creek Football	Mike Yotsko		
Soccer Girls	Ortzman & Paradiso	Timber Creek High School Soccer Booster	Kim McIlvanine (Rowe)	9	
Field Hockey	Molly Stevson	Timber Creek High School Field Hockey			
Softball	Chelsea Dwyer	Timber Creek Softball	Grisel Alessandrini		
Boys Basketball	Rich Bolds	Timber Creek Boys & Girls Basketball	Safa Preston		
Girls Basketball	Molly Light	Timber Creek Boys & Girls Basketball	Michele Wright		
Lacrosse Girls	Malikah Croom	Timber Creek Girls Lacrosse	Jill Stuckey		
Cheerleading	Gianna Moyer	Timber Creek Cheerleading Booster Club			

DCOFFEE

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/23/2023

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 liqu of such endorsement(s).

	this certificate does not confer rights t	O GIG	CEIC	uncate noider in ned or st	CONTAI NAME:		·				
Car	rieton insurance Agency					, Ext): (856) 4	182-6200	FAX	(856)	482-2161	
	00 Atrium Way Ste. 320 unt Laurel, NJ 08054				E-MAIL ADDRESS:					402-2101	
					INSURER(S) AFFORDING COVERAGE					NAIC #	
					INSURER A : Selective Casualty Insurance Co.						
INS	URED				INSURER B:						
	Timber Creek Football				INSURE						
	13 Edgemere Court Erial. NJ 08081-4317				INSURE	RD:					
	Enai, NJ 08081-4317				INSURE	RE:					
L			2830000	,	INSURE	RF:					
$\overline{}$				E NUMBER:				REVISION NUMBER:			
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		^						MED EXP (Any one person)	s	5,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	X POLICY PRO-							PRODUCTS - COMP/OP AGG	\$	2,000,000	
_	OTHER:						- 223		\$		
	AUTOMOBILE LIABILITY			2000.00				COMBINED SINGLE LIMIT (Ea accident)	5		
	ANY AUTO				ĺ			BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$	·	
	AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
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	DED RETENTION\$							AGGREGATE	\$		
-	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		-		2000		700//	PER OTH- STATUTE ER	\$		
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	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A			1			E.L. EACH ACCIDENT	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	s		
-							*****	C.C. DISEASE - POLICI LIMIT	•		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	LES (A	ACORD) 101, Additional Remarks Schedu	le, may be	attached if mon	e space is requir	ed)			
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	DTIFICATE HOLDED		33								
CE	RTIFICATE HOLDER				CANC	ELLATION					
	TIMBER CREEK HIGH SCHO Attn: Rob Milvasky 501 Jarvis Road	OL			THE	EXPIRATION	DATE TH	ESCRIBED POLICIES BE C EREOF, NOTICE WILL Y PROVISIONS.			
	Sicklerville, NJ 08081				AUTHOR	IZED REPRESEN	ITATIVE			-	
					W	M	_				

ACORD.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/22/2022

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.

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this certificate does not confer any rig	hts to	the	certificate holder in lieu	of such	endorseme	nt(s).	uite all endorsement. A	ommil)	ent On		
PRODUCER				CONTACT Sherry L. Graiff							
Conner Strong & Buckelew				PHONE (AC, No, Ext): 877 861-3220 (AC, No):							
PO Box 99106 Camden, NJ 08101				ADDRESS: sgraiff@connerstrong.com							
877 861-3220				INSURER(S) AFFORDING COVERAGE							
INSURED				INSURER A: Utica Mutual Insurance Company 25							
Timber Creek High Schoo	I Soc	cer	Booster	INSURE							
Club of Black Horse Pike				INSURE							
580 Erial Road	_			INSURE					_		
Blackwood, NJ 08012				INSURE		A-17-					
COVERAGES CER	TIFIC	ATE	NUMBER:	INSURE	KF:		REVISION NUMBER:				
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY I EXCLUSIONS AND CONDITIONS OF SUCH	QUIRE PERTA I POLI	EMEN IN, 1 ICIE8	it, term or condition o The insurance afforde . Limits shown may hav	FANY DBY T	CONTRACT OF HE POLICIES N REDUCED	R OTHER DO DESCRIBED I BY PAID CLAI	CUMENT WITH RESPECT	TO WH	ICH THIS		
HSR TYPE OF INSURANCE	ADDL INSR	WYD	POLICY NUMBER		(MM/DOXXEFFE)		LIMIT	8			
A X COMMERCIAL GENERAL LIABILITY		6.75	GL5417237	5	11/16/2022	11/16/2023		\$1,00			
GENL AGGREGATE LIMIT APPLIES PER:							PAMAGE TO RENTED PREMISES (Ea occurrence)	s100,	000		
							MED EXP (Any one person)	\$			
							PERSONAL & ADV INJURY	\$1,00			
	POUCY JECT LOC						GENERAL AGGREGATE	\$2,00			
OTHER:							PRODUCTS - COMP/OP AGG	\$2,00	0,000		
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)				
ANY AUTO	1						BODILY INJURY (Per person)	\$			
OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	-		
HIRED NON-OWNED AUTOS ONLY			0.000				PROPERTY DAMAGE (Per accident)	\$			
								\$			
UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
EXCESS LIAB CLAIMS-MADE							AGGREGATE	3			
OED RETENTION \$	\vdash						Inco Lanu	\$			
						1	PER OTH- STATUTE ER				
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					-	E.L. EACH ACCIDENT	\$			
(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below				- 4		-	E.L. DISEASE - EA EMPLOYEE				
DESCRIPTION OF OPERATIONS below	\vdash		***				E.L. DISEASE - POLICY LIMIT	\$			
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CERTIFICATE HOLDER				CANC	ELLATION						
Black Horse Pike Region School District 580 Erial Road	al			THE	EXPIRATION	DATE THE	Scribed Policies be Cai Reof, Notice Will Be ICY Provisions.	NCELLE DELIV	D BEFORE VERED IN		
Blackwood, NJ 08012			1	AUTHORIZED REPRESENTATIVE							

W. The Topmal
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ACORD.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/23/2022

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this certificate does not confer any rights to the certificate it	iolaer in lieu of such engorsement(s).	
PRODUCER	CONTACT Sherry L. Graiff	
Conner Strong & Buckelew	PHONE (A/C, No, Ext): 877 861-3220 (A/C, No):	
PO Box 99106 Camden, NJ 08101	ADDRESS: sgraiff@connerstrong.com	
877 861-3220	INSURER(S) AFFORDING COVERAGE	NAIC#
077 001-3220	INSURER A : Utica Mutual Insurance Company	25976
MISURED Timbers and High School Field Hookey	INSURER B :	
Timbercreek High School Field Hockey Booster Club of Blackhorse Pike BOE	INSURER C:	
580 Erial Road	INSURER D:	
Blackwood, NJ 08012	INSURER E :	
Didokwood, No ooo12	INSURER F:	
COVERAGES CERTIFICATE AN IMPER.		

Booster Club of Blackhors	se Pike A	OF	INSURER C:						
580 Erial Road	• •••		INSURER D: INSURER E: INSURER F:						
Blackwood, NJ 08012		,							
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		NUMBER:	REVISION NUMBER:						
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY FEXCLUSIONS AND CONDITIONS OF SUCH	QUIREMEN ERTAIN. 1	T, TERM OR CONDITION OF THE INSURANCE AFFORDED	FANY CONTRACT OF BY THE POLICIES	R OTHER DO	CUMENT WITH RESPECT	TO WHICH THIS			
TYPE OF INSURANCE	ADDL SUBR			POLICY EXP	LIMIT	8			
X COMMERCIAL GENERAL LIABILITY		GL4712274			EACH OCCURRENCE	\$1,000,000			
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					PERSONAL & ADV INJURY	\$			
GENT AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$2,000,000			
POLICY PRO-				il.	PRODUCTS - COMP/OP AGG	\$2,000,000			
OTHER: AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	5			
ANY AUTO					BODILY INJURY (Per person)	\$			
OWNED AUTOS ONLY SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$			
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EXCESS LIAB CLAIMS-MADE					AGGREGATE	S			
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ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT	s			
(Mandatory In NH)					E.L. DISEASE - EA EMPLOYEE	s			
If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$			
SCRIPTION OF OPERATIONS / LOCATIONS / VEHIC ortificate holder is included as addi	LES (ACORD tional ins	101, Additional Remarks Schedul Bured with respects to	e, mey be attached If mo fundraising even	re space is requi	red)				
RTIFICATE HOLDER			CANCELLATION		The state of the s				

CERTIFICATE HOLDER	CANCELLATION
Black Horse Pike Regional School District 580 Erial Road	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Blackwood, NJ 08012	AUTHORIZED REPRESENTATIVE
	W. Milack Tragency

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ACORD.

Client#: 17658

BOEBLACKHO

CERTIFICATE OF LIABILITY INSURANCE

DATE (MINDOMYTY) 11/21/2022

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 SETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

this certificate does not confer any rights to the	e certificate helder in lieu	of such endorsemen	rtje).	en endorsement. A state	6				
ooues onner Strong & Buckelew O.Bex 99106		ACC No. East: 877 861-3220 ACC No. East: 877 861-3220 ACC No. East: 877 861-3220							
amden, NJ 08101		Acosuss: agreent	INSURER(S) AFFORE	Committee of the second	MAIC				
77 961-3220		DISTURBINA : Utice Mu			25976				
Timber Creek Softball		MOURER 6 ;							
Boostar Club Corp.		INSURER C:	AD TAXABLE	AND THE PROPERTY OF THE PARTY O					
560 Ertal Road		MOURER E ;							
Blackwood, NJ 08012		INSURER F :							
CVERAGES CERTIFICAT THIS IS TO CERTIFY THAT THE POLICIES OF INS INDICATED, NOTWITHSTANDING ANY RECUIREME CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, EXCLUSIONS AND CONDITIONS OF SUCH POLICIE EXCLUSIONS AND CONDITIONS OF SUCH POLICIE TO SUCH POLICIES THE POLICIES OF SUCH POLICIES OF SUCH POLICIES THE POLICIES OF SUCH POLICIES OF SUCH POLICIES THE POLICIES OF SUCH POLICIES OF SUCH POLICIES OF SUCH POLICIES THE POLICIES OF SUCH POLICIES OF S	URANCE LISTED BELOW H ENT, TERM OR CONDITION O THE INSURANCE AFFORD IS. LIMITS SHOWN MAY H	ed by the policies Ive been reduced (THE INSURED NA R OTHER DOCUM DESCRIBED HERE BY PAID CLAIMS.	1810N NUMBER: MED ABOVE FOR THE POI ENT WITH RESPECT TO A EN IS SUBJECT TO ALL 1	ICY PERIOD WHICH THIS THE TERMS,				
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MBS

Client#: 17658

BOEBLACKHO

ACORD.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MINDOMY) 10/24/2022

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(les) 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 any rights to the certificate holder in Heu of such endorsement(s). Sherry L. Graiff Conner Strong & Buckelew Acceptance agrain@connerstrong.com IAIG. Not PO Box 99108 Camden, NJ 08101 MSURER(8) AFFORDING COVERAGE NAIC # 877 881-3220 INSURER A: Utice Mutual Insurance Company 25976 MAURER B : Timber Creek Boys & Girls Basketball DISURER C: **Booster Club** DISURER O : 501 Jarvis Road INSURER E : Erial. NJ 08081 NOURER 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, YERM 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. DELEGIER PAR WAD Type of msurance CONTRACTOR OF THE PROPERTY OF POLICY NUMBER COMMERCIAL GENERAL LIABILITY CG4711220 11/01/2022 11/01/2023 **EACH OCCURRENCE** s1.000,000 CLASS-MADE | X OCCUR PANAGE TO RENTED **\$100,000** MED EXP (Any one porson) PERSONAL & ADV INJURY GENTL AGGREGATE LIMIT APPLIES PER: \$2,000,000 GENERAL AGGREGATE POLICY PRODUCTS - COMPIOP AGG \$2,000,000 OTHER: COMBINED SINGLE LIMIT AUTOSCOBILS LIABILITY AMY ALITTO **BODILY INJURY (Per person)** SCHEDULED ANTOS CHLY BODILY INJURY (Per accident) AUTOS MON-DWINED AUTOS DNLY PROPERTY DAMAGE HIRED ONLY UMBRELLA LIAB OCCUR **EACH OCCURRENCE** EXCRES LIAB CLAIMB-MADE AGGREGATE DED RETENTIONS WORKERS COMPENSATION AND EMPLOYERS' LIABILITY STATUTE ANY PROPRIETOR PARTNERS DECUTIVE **ELL EACH ACCIDENT** (Mandatory in 104) If yes, describe order DESCRIPTION OF OPERATIONS below

DESCRIPTION OF OPERATIONS / LOGATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space in required) Certificate holder is included as an additional insured as respects to fund relaing events.

CERTIFICATE	HOLDER
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CANCELLATION

Black Horse Pike Regional School District 580 Ertel Road

Blackwood, NJ 08012

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

W. Whele Tragemont

E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT

Client#: 17658

BOEBLACKHO

ACORD,

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/23/2023

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PRODUCER			CONTACT Dominic Vesper						
Conner Strong & Buckelew			PHONE FAX (A/C, No, Ext): (A/C, No):						
PO Box 99106			E-MAIL ADDRESS: dvesper@connerstrong.com						
Camden, NJ 08101						FORDING COVERAGE		NAIC#	
877 861-3220			INSURER A: Republic-Franklin Insurance Company 124						
INSURED			INSURER 8:						
Timber Creek Girls Lacros	se		INSURER C:						
Booster Club			INSURER D :						
501 Jarvis Road			INSURER E :						
Sickleville, NJ 08081									
COVERAGES CER	TITIO	TE NUMBER:	INSURER F: REVISION NUMBER:						
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY PEXCLUSIONS AND CONDITIONS OF SUCH	OF IN QUIREN ERTAIN POLIC	ISURANCE LISTED BELOW HAY MENT, TERM OR CONDITION O N, THE INSURANCE AFFORDER HES. LIMITS SHOWN MAY HAY	F ANY (D BY TH /E BEEN	CONTRACT OF HE POLICIES I REDUCED (THE INSURED R OTHER DOO DESCRIBED I BY PAID CLAI	NAMED ABOVE FOR THE CUMENT WITH RESPECT HEREIN IS SUBJECT TO A	TO WHI	CH THIS	
INSR LTR TYPE OF INSURANCE	ADDLS	UBR WD POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	3		
A COMMERCIAL GENERAL LIABILITY		CG5347979				EACH OCCURRENCE	\$1,000	0.000	
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PRO-				İ	ŀ	GENERAL AGGREGATE	\$2,000		
POLICY JECT LOC						PRODUCTS - COMP/OP AGG	\$2,000	1,000	
OTHER:	-					COMBINED SINGLE LIMIT	<u>\$</u>		
AUTOMOBILE LIABILITY					ļ	(Ea accident)	\$		
ANY AUTO			I			BODILY INJURY (Per person)	\$		
OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$		
HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$		
				1	-		\$		
UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$		
EXCESS LIAB CLAIMS-MADE				1	AGGREGATE	\$			
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AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	- 1								
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				Ì	E.L. EACH ACCIDENT	\$		
If yes, describe under					}	E.L. DISEASE - EA EMPLOYEE			
DESCRIPTION OF OPERATIONS below	-	- 				E.L. DISEASE - POLICY LIMIT	\$		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Black Horse Pike Regional is an Additional Insured on the above-referenced Commercial General Liability Policy, if required by written contract.									
CERTIFICATE HOLDER			CANCELLATION						
Black Horse Pike Region School District 580 Erial Road Blackwood, NJ 08012	ai	·	ACCO	EXPIRATION PRDANCE WI	DATE THE	SCRIBED POLICIES BE CAI REOF, NOTICE WILL BE LICY PROVISIONS.			
	- 10-3570		W. Wheel Tagenal						

.ACORD.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DO/YYYY) 11/21/2022

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(les) 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 any rights to the certificate holder in lieu of such endorsement(s).

	his certificate does not confer any rig	hts to	o the	certificate holder in lieu								
	onucer onner Strong & Buckelew			5.163.63	CONTACT Sherry L. Graiff							
	Box 99106				PHONE (A/C, No): (A/C, No):							
	mden, NJ 08101			11.51	ADDRESS: sgraiff@connerstrong.com							
	7 861-3220				INSURER(S) AFFORDING COVERAGE					NAIC #		
	URED				HISURER A : Utica Mutual Insurance Company 2							
-	Timbercreek Cheerleading	ı Bo	oste	r Club	INSURER B:							
	of Blackhorse Pike Region				INSURE							
	580 Erial Road				INSURE							
	Blackwood, NJ 08012				INSURE							
CO	VERAGES CER	TIFIC	ATE	NUMBER:	INSURER F: REVISION NUMBER:							
C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY FOLLUSIONS AND CONDITIONS OF SUCH	QUIRI PERTA POL	EMEN VIN, ICIES	it, tèrm or condition o The insurance affordei . Limits shown may hav	F ANY	CONTRACT OF HE POLICIES N REDUCED E	THE INSURED R OTHER DO DESCRIBED I BY PAID CLAI	NAMED ABOVE FOR THE CUMENT WITH RESPECT	TO MAIL	ICH THIS		
INSF		ADDI.	SUBR	POLICY NUMBER		MINDO X FEE	POLICY EXP (MM/DD/YYYY)	LIMIT	8			
Α	X COMMERCIAL GENERAL LIABILITY			GL4820114	ResELS.STA			EACH OCCURRENCE	\$1,00	0.000		
	CLAIMS-MADE X OCCUR						4 1	DAMAGE TO RENTED PREMISES (Ea occurrence)	s 100,	000		
								MED EXP (Any one person)	\$5,00	0		
								PERSONAL & ADV INJURY	\$			
	GENL AGGREGATE LIMIT APPLIES PER:				9			GENERAL AGGREGATE	\$2,00	0,000		
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$2,00	0,000		
	OTHER:								\$			
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$			
	ANY AUTO OWNED SCHEDULED				- 1			BODILY INJURY (Per person)	\$			
	AUTOS ONLY AUTOS								\$			
	HIRED NON-OWNED AUTOS ONLY				- 1			PROPERTY DAMAGE (Per accident)	\$			
	Liver of the latest th								\$			
	UMBRELIA LIAB OCCUR				- 1			EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MADE					20-10		AGGREGATE	\$			
_	WORKERS COMPENSATION		-					IDED IOTU	\$			
	AND ENGL CHEROCAL LABOUR TOP				- 1			PER OTH-				
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$			
	(Mendatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	13.			- 1	1		E.L DISEASE - EA EMPLOYEE				
	DESCRIPTION OF OPERATIONS BEIOW							E.L. DISEASE - POLICY LIMIT	\$			
Che	EMPTION OF OPERATIONS / LOCATIONS / VEHIC tifficate holder is additional insure perleading Booster Club of Blacki	d as	res	pects fund raising eve	nts as	e ettached if mor respects T	e spece is requi imbercreek	red) (
CEF	RTIFICATE HOLDER			6 7000 - 1000 -	CANCE	ELLATION			9			
	Black Horse Pike Region District 580 Erial Road Blackwood, NJ 08012	al Sc	choo		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				W. Melast Tapunal							