School	Name of Booster Club	Affiliation	Contact Person	Contact Phone	Contact Email
Highland	Highland Music Booster Club	Music/Band	Nicole DeBeaumont		
Highland	Highland Soccer Booster Club	Boys & Girls Soccer	Melissa Tural		

Client#: 17658 BOEBLACKHO

ACORD.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/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(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 any rights to the certificate holder in lieu of such endorsement(s).

this certificate does not	conter any rights to the certificate holder in	i lieu of such endorsement(s).		
PRODUCER Conner Strong & Buckelew PO Box 99106 Camden, NJ 08101 877 861-3220		CONTACT Sherry L. Graiff		
		PHONE (A/C, No, Ext): 877 861-3220		
		E-MAIL ADDRESS: sgraiff@connerstrong.co	(A/C, No):	
		INSURER(S) AFFORDIN	NAIC#	
		INSURER A: Graphic Arts Mutual Insuran	25984	
INSURED Allert Land March	in Donaton Appointing of	INSURER B:		
Highland Music Booster Association of Black Horse Pike Regional School Dist 580 Erial Road		INSURER C:		
		INSURER D :		
		INSURER E :		
Blackwood, N	IJ U8U12	INSURER F:		
COVERAGES	CERTIFICATE NUMBER:	REVIS	ION NUMBER:	

	INSURER F:									
COVERAGES CERT			RTIFIC	TIFICATE 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. INSRI POLICY EFF POLICY EXP									
INS	3	TYPE OF INSU	JRANCE	ADDI	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	8
A	x	COMMERCIAL GENE	RAL LIABILITY	1	1112	GL4939678		12/08/2023	EACH OCCURRENCE	s1,000,000
	CLAIMS-MADE X OCCUR								DAMAGE TO RENTED PREMISES (Ea occurrence)	s100.000
ı	GEALING-MADE 24 0000K								MED EXP (Any one person)	\$
l				-					PERSONAL & ADV INJURY	s1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:			-					GENERAL AGGREGATE	s2,000,000
POLICY PRO-								PRODUCTS - COMP/OP AGG	\$2,000,000	
OTHER:									\$	
AUTOMOBILE LIABILITY							K	COMBINED SINGLE LIMIT (Ea accident)	\$	
ANY AUTO									BODILY INJURY (Per person)	\$
OWNED AUTOS ONLY							j	` ' '	\$	
HIRED AUTOS ONLY NON-OWNED AUTOS ONLY								PROPERTY DAMAGE (Per accident)	\$	
L	\perp		1		ļ	J				\$
	UMBRELLA LIAB OCCUR							,	EACH OCCURRENCE	\$
ł	EXCESS LIAB CLAIMS-MADE			E					AGGREGATE	\$
	1	DED RETENTI			ļ		ļ		Inco I Ioru	\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N								PER OTH- STATUTE ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				N/A					E.L. EACH ACCIDENT	\$
(Mandatory in NH)				-			1		E.L. DISEASE - EA EMPLOYEE	\$
DESCRIPTION OF OPERATIONS below				ļ				E.L. DISEASE - POLICY LIMIT	\$	
DE	COIPT	TION OF OPERATIONS	/ LOCATIONS / VE	ICI ES /	ACORE	1404 Additional Remarks Salesdula was	be attached if		lead)	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Certificate holder is additional insured as respects fund raising events as respects Highland Music Booster Club.										
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. Malace Tragerial

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ACORD.

PRODUCER

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/26/2023

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

CONTACT Mauricio Balta

Conner Strong & Buckelew					PHONE (A/C, No, Ext): (A/C, No):						
PO Box 99106					E-MAIL ADDRESS: mbalta@connerstrong.com						
Camden, NJ 08101					710011	-		FORDING COVERAGE		NAIC#	
877 861-3220						RA: Utica Mu				25976	
INSURED						RB:					
	Highland High School Soc	cer	Boos	ster Club	INSURE						
	580 Erial Road				INSURE						
	Blackwood, NJ 08012				INSURE						
					INSURE						
co	VERAGES CERT	TIFIC	ATE	NUMBER:	INGORE	.KT.		REVISION NUMBER:			
, C	NDICATED. NOTWITHSTANDING ANY REC ERTIFICATE MAY BE ISSUED OR MAY P	QUIRI ERTA	EMEN UN, T	T, TERM OR CONDITION OF	VE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS ID BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, WE BEEN REDUCED BY PAID CLAIMS.						
INSR	7705 05 1101104105	SUBR	******	L DLL	POLICY EFF (MM/DD/YYYY)		LIM	T.C.			
			POLICY NUMBER GL4987294	-			EACH OCCURRENCE	_	0.000		
^				GL4901294		09/03/2023	09/03/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)		0,000	
	CLAIMS-MADE X OCCUR							-	\$100,	,000	
								MED EXP (Any one person)	\$0	0.000	
GEN'I ACCRECATE I IMIT ADDI IES DED								PERSONAL & ADV INJURY		0,000	
GEN'L AGGREGATE LIMIT APPLIES PER:								GENERAL AGGREGATE		0,000	
	POLICY JECT LOC						PRODUCTS - COMP/OP AGO		0,000		
OTHER:							1 1	COMBINED SINGLE LIMIT	\$		
AUTOMOBILE LIABILITY							3	(Ea accident)	\$		
ANY AUTO OWNED SCHEDULED								BODILY INJURY (Per person)	\$		
AUTOS ONLY AUTOS								BODILY INJURY (Per acciden PROPERTY DAMAGE	+		
HIRED AUTOS ONLY NON-OWNED AUTOS ONLY								(Per accident)	s		
									\$		
UMBRELLA LIAB OCCUR								EACH OCCURRENCE	\$		
EXCESS LIAB CLAIMS-MADE								AGGREGATE	\$		
DED RETENTION\$						0 0		loco l loca	\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY								PER OTH	<u>'-</u>		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?								E.L. EACH ACCIDENT	\$		
(Mandatory in NH)						1	1	E.L. DISEASE - EA EMPLOYE	E \$		
If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - POLICY LIMIT	\$		
					1					Î	
_				65							
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	LES (A	CORD	101, Additional Remarks Schedu	ile, may i	e attached if mo	re space is requi	red)			
	ck Horse Pike Regional is an Add		iai in	sured on the above-re	terend	cea Comme	rciai Genei	rai Liability			
PO	licy, if required by written contract	١.									
CEI	RTIFICATE HOLDER		CANCELLATION								
	Black Horse Pike Regiona					SCRIBED POLICIES BE C REOF. NOTICE WILL					

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ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

School District

580 Erial Road

Blackwood, NJ 08012