

# GRACE GOSPEL CHURCH

To Know Him... To Make Him Known

214 Falcon Avenue  
Patchogue, NY 11772

Phone: 631-289-5495

Fax: 631-289-3845

Email: [admin@gracegospelchurch.com](mailto:admin@gracegospelchurch.com)

## Fax Transmittal Form

To:

631-207-8302

From

JANICE HOUSTON - ADMINISTRATOR

Phone: 631-289-5495

Fax: 631-289-3845

Email: [admin@gracegospelchurch.com](mailto:admin@gracegospelchurch.com)

Urgent

Please Reply

Please Call

Date sent:

Time sent:

Number of pages including cover page: 2

Message:

Attached is the 2015 men's Softball Roster along with  
the insurance Certificate for Grace Gospel Falcon



TEAM Grace Gospel Falcons (pg 2)

# Team Roster

Please fill in player's names and years played in the league (not counting this one) Rosters are due at the league office no later than the day before opening day.

	NAME	YEARS	E-MAIL
1.	<u>Dillon Harmon</u>	<u>5+</u>	<u></u>
2.	<u>Kyle Gorton</u>	<u>5+</u>	<u></u>
3.	<u>Tim Gorton</u>	<u>3+</u>	<u></u>
4.	<u>Craig Gorton</u>	<u>15+</u>	<u></u>
5.	<u>Joel Nielsen</u>	<u>3+</u>	<u></u>
6.	<u>Anthony Cestari</u>	<u>15+</u>	<u></u>
7.	<u>Bruce Bennet</u>	<u>15+</u>	<u></u>
8.	<u>Mike Marks</u>	<u>0</u>	<u></u>
9.	<u>Chris Ricket</u>	<u>0</u>	<u></u>
10.	<u>Paul Helbig</u>	<u>0</u>	<u></u>
11.	<u>John Reischman</u>	<u>5+</u>	<u></u>
12.	<u>Chris Polzella</u>	<u>5+</u>	<u></u>
13.	<u>PETE SACcone</u>	<u>5+</u>	<u></u>
14.	<u>Tommy Saccone</u>	<u>5+</u>	<u></u>
15.	<u>KARL Rasmussen</u>	<u>5+</u>	<u></u>
16.	<u></u>	<u></u>	<u></u>
17.	<u></u>	<u></u>	<u></u>
18.	<u></u>	<u></u>	<u></u>

Players may be added to the above list, but must be compliant with SCL bylaw #2. Please sign and return no later than the day before opening day.

The team members listed above are regular attendees of our church.

[Signature]  
MANAGER'S SIGNATURE

4/3/15  
DATE

[Signature]  
PASTOR'S SIGNATURE

4/3/15  
DATE

TEAM Grace Gospel Falcons

# Team Roster

Please fill in player's names and years played in the league (not counting this one)  
Rosters are due at the league office no later than the day before opening day.


	NAME	YEARS	E-MAIL
1.	<u>Carl Nielsen</u>	<u>5+</u>	<u>cnielsen3@verizon.net</u>
2.	<u>Tom Kramer</u>	<u>10+</u>	<u></u>
3.	<u>Mike Golio</u>	<u>10+</u>	<u></u>
4.	<u>Joe Golio</u>	<u>5+</u>	<u></u>
5.	<u>Patrick McCarty</u>	<u>5+</u>	<u></u>
6.	<u>Brian Young</u>	<u>10+</u>	<u></u>
7.	<u>Mike Pagliaro</u>	<u>10+</u>	<u></u>
8.	<u>Dan Engel</u>	<u>5+</u>	<u></u>
9.	<u>Mike Seivers</u>	<u>1</u>	<u></u>
10.	<u>Adam O'Brien</u>	<u>5+</u>	<u></u>
11.	<u>Dan O'Brien</u>	<u>5+</u>	<u></u>
12.	<u>Rich Bonelli</u>	<u>10+</u>	<u></u>
13.	<u>Steve Kofert</u>	<u>3</u>	<u></u>
14.	<u>Jim Rice</u>	<u>0</u>	<u></u>
15.	<u>Andrew Nielsen</u>	<u>0</u>	<u></u>
16.	<u>Josh McCarty</u>	<u>0</u>	<u></u>
17.	<u>Dave D'Demenico</u>	<u>1</u>	<u></u>
18.	<u>Nick D'Demenico</u>	<u>0</u>	<u></u>

Players may be added to the above list, but must be compliant with SCL bylaw #2.  
Please sign and return no later than the day before opening day.

**The team members listed above are regular attendees of our church.**

\_\_\_\_\_  
MANAGER'S SIGNATURE

\_\_\_\_\_  
DATE

  
\_\_\_\_\_  
PASTOR'S SIGNATURE

\_\_\_\_\_  
DATE



**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
03/10/2015

**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).**

<b>PRODUCER</b> Three Village Bennett Agency 21 Bennetts Rd Suite 103 East Setauket, NY 11733 Virginia McGrath	<b>CONTACT NAME:</b> Virginia McGrath	
	<b>PHONE (A/C No. Ext):</b> 631-403-4107	<b>FAX (A/C, No):</b> 631-403-4104
<b>E-MAIL ADDRESS:</b> vmcgrath@threevillagebennett.com		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A:</b> GuideOne Mutual Ins. Co.		288
<b>INSURED</b> Grace Gospel Church of Suffolk Inc. 214 Falcon Avenue Patchogue, NY 11772	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**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.**

INSR LTR	TYPE OF INSURANCE	ADDL SUBR (INSD) (WVD)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
<b>A</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		<b>01188144</b>	<b>03/30/2015</b>	<b>03/30/2016</b>	EACH OCCURRENCE	\$ <b>1,000,000</b>
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ <b>1,000,000</b>
						MED EXP (Any one person)	\$ <b>5,000</b>
						PERSONAL & ADV INJURY	\$ <b>1,000,000</b>
						GENERAL AGGREGATE	\$ <b>3,000,000</b>
						PRODUCTS - COMP/OP AGG	\$ <b>3,000,000</b>
							\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident)	\$
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
							\$
<b>A</b>	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ <b>2500</b>		<b>1193569</b>	<b>03/30/2015</b>	<b>03/30/2016</b>	EACH OCCURRENCE	\$ <b>2,000,000</b>
						AGGREGATE	\$ <b>2,000,000</b>
							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N N/A				PER STATUTE	OTHER
						E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**RE: Use of Softball fields March 1st through August 15th, 2015 Oregon Middle School Medford N 11763. Regarding the above referenced General Liability policy the Certificate Holder is included as an Additional Insured when required by written contract and only with respect to the negligent acts, errors or omissions of the Named Insured.**

<b>CERTIFICATE HOLDER</b>  Patchogue Medford School District 241 Ocean Avenue Patchogue, NY 11772	<b>CANCELLATION</b>  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 <i>Virginia U. McGrath</i>