

GRACE GOSPEL CHURCH

To Know Him... To Make Him Known

214 Falcon Avenue
Patchogue, NY 11772

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Fax Transmittal Form

To:

631-207-8302

From

JANICE HOUSTON - ADMINISTRATOR

Phone: 631-289-5495

Fax: 631-289-3845

Email: admin@gracegospelchurch.com

Urgent

Please Reply

Please Call

Date sent:

Time sent:

Number of pages including cover page: 2

Message:

Attached is the **2016** men's Softball Roster along with the Insurance Certificate for Grace Gospel Falcon



CERTIFICATE OF LIABILITY INSURANCE

GGOSP-1

OP ID: VS

DATE (MM/DD/YYYY)
02/09/2016

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).

PRODUCER Three Village Bennett Agency 21 Bennetts Rd Suite 103 East Setauket, NY 11733 Virginia McGrath	CONTACT NAME: Virginia McGrath	
	PHONE (A.C. No, Ext): 631-403-4107	FAX (A.C. No): 631-403-4104
E-MAIL ADDRESS: vmcgrath@threevillagebennett.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: GuideOne Mutual Ins. Co.		15032
INSURED Grace Gospel Church of Suffolk Inc. 214 Falcon Avenue Patchogue, NY 11772	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER 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, 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 INSD	PUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input checked="" 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:	X		01188144 01188144	03/30/2015 03/20/2016	03/30/2016 03/20/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
	AUTOMOBILE LIABILITY <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 (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEC <input checked="" type="checkbox"/> RETENTION \$ 2500			1193569	03/30/2015	03/30/2016	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N N/A				PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> 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 Maarch 1st, 2016 through August 15th, 2016 Oregon Middle School Medford NY 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.

CERTIFICATE HOLDER PATCHOG Patchogue Medford School Distrct 241 Ocean Avenue Patchogue, NY 11772	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

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></u>
2.	<u>Andrew Nielsen</u>	<u>3</u>	<u></u>
3.	<u>Joel Nielsen</u>	<u>4</u>	<u></u>
4.	<u>Tom Kramer</u>	<u>10+</u>	<u></u>
5.	<u>Brian Young</u>	<u>10+</u>	<u></u>
6.	<u>Patrick McCarty</u>	<u>5+</u>	<u></u>
7.	<u>Joshua McCarty</u>	<u>1</u>	<u></u>
8.	<u>Pete Saccocc</u>	<u>10+</u>	<u></u>
9.	<u>Tommy Saccocc</u>	<u>1</u>	<u></u>
10.	<u>Joe Golio</u>	<u>5+</u>	<u></u>
11.	<u>Mike Golio</u>	<u>10+</u>	<u></u>
12.	<u>Michael Golio Jr</u>	<u>0</u>	<u></u>
13.	<u>ADAM O'BRIEN</u>	<u>5+</u>	<u></u>
14.	<u>DAN O'BRIEN</u>	<u>5+</u>	<u></u>
15.	<u>CHRIS RICKETT</u>	<u>2</u>	<u></u>
16.	<u>MIKE PAGLIARO</u>	<u>10+</u>	<u></u>
17.	<u>DAVE D'DIMENICO</u>	<u>3</u>	<u></u>
18.	<u>NICK D'DIMENICO</u>	<u>1</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

4/3/16
DATE

[Signature]
PASTOR'S SIGNATURE

4/5/16
DATE



TEAM GRACE Gospel FALCONS

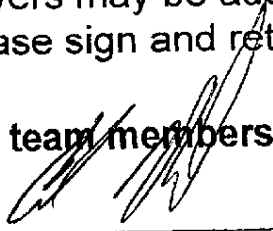
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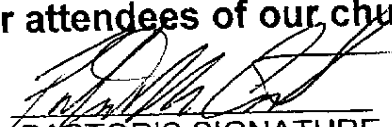
	NAME	YEARS	E-MAIL
1.	DAN ENGEL	5+	
2.	Jim Rice	0	
3.	Rich Bonpelli	10+	
4.	Paul Helbert	1	
5.	MIKE MARKS	0	
6.	Dillon HARMON	5+	
7.	BOBBY HOUSTON	1	
8.	Tommy CIVILIA JR	2	
9.	TRACIE NIELSEN	0	
10.	monica Galio	0	
11.	PAUL CLEMENTI	0	
12.	FRANK ROSOLISSO	0	
13.			
14.			
15.			
16.			
17.			
18.			

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