



Fax

To: ESCL **From:** Doreen Burke
Fax: 207-8302 **Pages:** 4
Phone: **Date:** 4-18-16
Re: Roster & Insurance

Urgent For Review Please Comment Please Reply Please Recycle

Comments:



TEAM Islip Blessed Girls
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>Doreen Burke</u>	<u>15</u>	_____
2. <u>Jessica Burke Torres</u>	<u>15</u>	_____
3. <u>Jennifer Mackey</u>	<u>2</u>	_____
4. <u>Gunny Hernandez</u>	<u>15</u>	_____
5. <u>Jodi Schaefer</u>	<u>15</u>	_____
6. <u>Jill Forstell</u>	<u>15</u>	_____
7. <u>Angela Gunther</u>	<u>15</u>	_____
8. <u>Jessica Link</u>	<u>9</u>	_____
9. <u>NORMA MAHERA</u>	<u>13</u>	_____
10. <u>PATRY Schimmenti</u>	<u>10</u>	_____
11. <u>Debbie Sullivan</u>	<u>7</u>	_____
12. <u>Dorothy Graf</u>	<u>4</u>	_____
13. <u>Lauren TADANZA</u>	<u>4</u>	_____
14. <u>Yanni Willis</u>	<u>14</u>	_____
15. <u>Yohanna Olson</u>	<u>14</u>	_____
16. <u>Donna Hubert</u>	<u>1</u>	_____
17. <u>VIVAN Hubert</u>	<u>1</u>	_____
18. <u>Tori Hubert</u>	<u>1</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.

D. Burke
 MANAGER'S SIGNATURE

4/17/16
 DATE

Paul Douglas Mallon
 PASTOR'S SIGNATURE

4/17/16
 DATE

pg 1 of 2

PAGE 2



TEAM Tolip Blessed Gals 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>Teresa Mandile</u>	<u>1</u>	_____
2.	<u>Jenn Ganci</u>	<u>1</u>	_____
3.	<u>TARA MORAN</u>	<u>1</u>	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____
13.	_____	_____	_____
14.	_____	_____	_____
15.	_____	_____	_____
16.	_____	_____	_____
17.	_____	_____	_____
18.	_____	_____	_____

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.

D. Burke
MANAGER'S SIGNATURE

4/17/16
DATE

[Signature]
PASTOR'S SIGNATURE

4/17/16
DATE

2016



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/21/2016

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 Brown & Brown of the LV 3001 Emrick Blvd, Suite 120 Bethlehem, PA 18020	CONTACT NAME: Andrea Lang PHONE (A/C, No, Ext): 610-974-9490 FAX (A/C, No): 610-974-9791 E-MAIL ADDRESS: <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> <td style="text-align: center;">NAIC #</td> </tr> <tr> <td>INSURER A: Philadelphia Indemnity Ins Co</td> <td>18058</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Philadelphia Indemnity Ins Co	18058	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER D:															
INSURER E:															
INSURER F:															
INSURED The United Methodist Church of Islip PO Box 507 Islip, NY 11751															

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	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <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:	X		PHPK1430159	01/01/2016	01/01/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 S
	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 (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ S
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB524069	01/01/2016	01/01/2017	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 S
	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				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER 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)

Certificate holder is additional insured as respects general liability in regards to use of holder's athletic fields/facilities for the 2016 softball season (May - Sept)

CERTIFICATE HOLDER

CANCELLATION

East Islip Union Free
 School District
 Craig B Garipey Ave
 Islip Terrace, NY 11752

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

Mathew B. Bueh