

Team Roster

TEAM New Life Believers

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.

E-MAIL

YEARS

NAME

	4	Samantha Pittare
	4	Deeen Thomsson
	4	Susan Long
	2	Caitlyn Long
	4	Maria Cillo
	4	Molly Roberts
	3	Inez Barbiglia
	3	Nicholle Randolf
	4	Dolene Harcoe
	0	Sarah Graziano
	0	Mareen Graziano
	0	Heather Scath
	0	Tania Grassasso
	0	Jessica Cahill
	0	Soana Frenius
	0	Jessica Lombardi
	4	Matthew Pittare (coach)
	2	Ed Dean (coach)
	0	Erin Sloan

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

[Signature]

4-27-16

[Signature]

4/26/16

PASTOR'S SIGNATURE

DATE 4/24/16

MANAGER'S SIGNATURE

DATE 4-24-16

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

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.

NAME	YEARS	E-MAIL
1. Monica Smith	4	
2. Dawn Marie Smith	3	
3. Dawn Sullivan	0	
4. Kelly Urraro	4	
5. Paul Weismann (coach)	2	
6. Edward Allen (coach)	2	
7.		
8.		
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11.		
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13.		
14.		
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16.		
17.		
18.		

TEAM DAYVILLE METHODIST BELIEVERS


Team Roster



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ACORD 25 (2014/01)

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AUTHORIZED REPRESENTATIVE  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	Sayville School District 99 Greeley Avenue Sayville, NY 11782
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CERTIFICATE HOLDER CANCELLATION

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Certificate holder is listed as additional insured for general liability only with respect to use of the field for the 2016 Softball Season.

E.L. DISEASE - POLICY LIMIT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. EACH ACCIDENT \$ PER STATUTE OTH. FR.	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPERTY PARTNER/EXECUTIVE OF FIRM/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH)	UMBRELLA LIAB. EXCESS LIAB. CLAIMS-MADE OCCUR RETENTION \$	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS Hired Autos	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR POLICY <input type="checkbox"/> PRO. <input type="checkbox"/> JCT. <input type="checkbox"/> LOC.	TYPE OF INSURANCE ADOL. SUBR. MSD. WVD.	POLICY NUMBER PPHPK1438799	POLICY EFF. DATE (MM/DD/YYYY) 01/01/2016	POLICY EXP. DATE (MM/DD/YYYY) 01/01/2017	LIMITS EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (ea occurrence) \$ 300,000 MED EXP (any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COM/PROP Agg \$ 3,000,000 COMBINED SINGLE LIMIT (ea accident) \$ BODILY INJURY (per person) \$ BODILY INJURY (per accident) \$ PROPERTY DAMAGE (per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$ EACH OCCURRENCE \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. EACH ACCIDENT \$
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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.

PRODUCER Emery & Webb, Inc. 989 Main Street Fishkill, NY 12524	INSURED New Life Community Church 380 Lakeland Avenue Sayville, NY 11782-1905
CONTACT NAME: PHONE NO. EXT: (845) 896-6727 FAX NO. (845) 896-6877 E-MAIL: ADDRESS:	INSURER A: Philadelphia Insurance Companies NAIC # 23850 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

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 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).