

DATE (MM/DD/YYYY) 2/24/2023

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.

the terms and conditions of the policy,			icies may require an endo	rseme	nt. A stateme	ent on this ce	rtificate does not confer	rights t	o the			
PRODUCER	n Sports Insurance, LLC inces Pine Rd					urphy						
Beacon Sports Insurance, LLC				PHONE	(978)	578-4775	FAX (A/C No.)					
36 Princes Pine Rd				(A/C, No E-MAIL	<sub>SS:</sub> Dave@bea							
Norwalk CT 06850				ADDRES								
Notwark CI 00050				INSURE			DING COVERAGE emnity Insurance Co	ompar	NAIC #			
INSURED				INSURE								
Power Hockey LLC				INSURE								
4178 107th Ave				INSURE								
				INSURE								
Allegan MI 49	010			INSURE								
		:ATF	NUMBER: CL17215003		KF:		REVISION NUMBER:					
THIS IS TO CERTIFY THAT THE POLICIES OF INDICATED. NOTWITHSTANDING ANY RECONTRIFICATE MAY BE ISSUED OR MAY PEREXCLUSIONS AND CONDITIONS OF SUCH	F INSUUIREM RTAIN, POLICI	JRANO MENT, THE I IES. LI	CE LISTED BELOW HAVE BEI TERM OR CONDITION OF AN NSURANCE AFFORDED BY T MITS SHOWN MAY HAVE BE	EN ISSU IY CONT 'HE POL	TRACT OR OTH ICIES DESCRI UCED BY PAID	SURED NAMEI HER DOCUMEI BED HEREIN I O CLAIMS.	D ABOVE FOR THE POLICY NT WITH RESPECT TO WHIC	CH THIS				
INSR LTR TYPE OF INSURANCE		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s				
COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000			
A CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000			
	x		PHPK2522108		03/01/2023	03/01/2024	MED EXP (Any one person)	\$	0			
	•						PERSONAL & ADV INJURY	\$	1,000,000			
GEN'L AGGREGATE LIMIT APPLIES PER:	1						GENERAL AGGREGATE	\$	3,000,000			
x POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	3,000,000			
OTHER:								\$				
AUTOMOBILE LIABILITY	+						COMBINED SINGLE LIMIT	\$				
ANY AUTO							(Ea accident) BODILY INJURY (Per person)	\$				
ALL OWNED SCHEDULED							BODILY INJURY (Per accident)	\$				
AUTOS AUTOS NON-OWNED							PROPERTY DAMAGE	\$				
HIRED AUTOS AUTOS							(Per accident)	\$				
UMBRELLA LIAB OCCUP	+-	$\vdash$						•				
I I OCCUR							EACH OCCURRENCE	\$				
EXCESS LIAB CLAIMS-MADI	4						AGGREGATE	\$				
DED RETENTION \$ WORKERS COMPENSATION	$+\!-$	-					PER OTH-	\$				
AND EMPLOYERS' LIABILITY	1						STATUTE     ER					
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$				
(Mandatory in NH)  If yes, describe under	1						E.L. DISEASE - EA EMPLOYEE	\$				
DESCRIPTION OF OPERATIONS below		_					E.L. DISEASE - POLICY LIMIT	\$				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL Additional insured listed below	SCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Iditional insured listed below											
CERTIFICATE HOLDER				CANC	ELLATION							
Acord Ice Center 5353 West 3100 S						ATE THEREOF	SCRIBED POLICIES BE CAN 7, NOTICE WILL BE DELIVER 7 PROVISIONS.		BEFORE			
						···-		1 -				
				David	l Murphy/Di	М	David N	lurphy				



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	e terms and conditions of the policy, or ertificate holder in lieu of such endors		-	icies may require an endo			ent on this ce	rtificate does not confer	rights t	o tne
PRO	DUCER			CONTAC NAME:	T David M	urphy				
Bea	con Sports Insurance, LLC				PHONE (A/C, No	(070)	578-4775	FAX (A/C, No):		
36	Princes Pine Rd				E-MAIL ADDRES	Ss: Dave@be	aconsports			
Nor	walk CT 06850							DING COVERAGE		NAIC #
					INSURE			emnity Insurance C	ompar	
INSU	RED				INSURE		_	-	_	
Pow	er Hockey LLC				INSURE					
417	8 107th Ave				INSURE					
					INSURE	RE:				
A11	egan MI 490	10			INSURE					
CO	/ERAGES CER	TIFIC	CATE	NUMBER: CL17215003	-			REVISION NUMBER:		
IN C	IIS IS TO CERTIFY THAT THE POLICIES OF DICATED. NOTWITHSTANDING ANY REQUENTIFICATE MAY BE ISSUED OR MAY PER CCLUSIONS AND CONDITIONS OF SUCH P	JIREN TAIN,	IENT, THE II	TERM OR CONDITION OF AN NSURANCE AFFORDED BY T	IY CONT HE POL	RACT OR OTH	HER DOCUME! BED HEREIN I	NT WITH RESPECT TO WHI	CH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	'S	
LIK	XX COMMERCIAL GENERAL LIABILITY	INSD	WVD	FOLICI NUMBER		(IVIIVI/DD/TTTT)	(IVIIVI/DD/TTTT)	EACH OCCURRENCE	\$	1,000,000
A	CLAIMS-MADE x OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
	92 41110 1111 122 123 000011	x		PHPK2522108		03/01/2023	03/01/2024	MED EXP (Any one person)	\$	0
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	3,000,000
	x POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$	3,000,000
	OTHER:							TROBUCTO COMITTOT ACC	\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED AUTOS AUTOS							BODILY INJURY (Per accident)	\$	
	HIRED AUTOS AUTOS NON-OWNED AUTOS AUTOS							PROPERTY DAMAGE (Per accident)	\$	
	AUTOS							(Fer accident)	\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$	1							\$	
	WORKERS COMPENSATION							PER OTH- STATUTE ER		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE  Y / N							E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
	RIPTION OF OPERATIONS/LOCATIONS/VEHICLE itional insured listed below	•	ORD 10	1, Additional Remarks Schedule, m	ay be atta	iched if more spac	ce is required)			
CEI	RTIFICATE HOLDER				CANC	ELLATION				
	Aerodrome Ice Skating Complex 8220 Willow Place Dr. N. Houston, TX 77070					EXPIRATION D ORDANCE WIT	OATE THEREOF	SCRIBED POLICIES BE CAN F, NOTICE WILL BE DELIVER I PROVISIONS.		BEFORE
					AUTHOR	RIZED REPRESEN	ITATIVE			
					David Murphy/DM					



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		rms and condition cate holder in lieu				•	icies may require an endo	rsemei	nt. A stateme	ent on this ce	rtificate does not confer	rights t	o the
PRO	DUCE	R				`,		CONTAC NAME:	CT David Mu	urphy			
Bea	cor	Sports Insur	an	ce, LLC				PHONE (A/C, No	(978)	578-4775	FAX (A/C, No):		
36	Pri	nces Pine Rd						E-MAIL	<sub>SS:</sub> Dave@bea	aconsports	ins.com		
Nor	wal	k CT 06850						ADDILL			DING COVERAGE		NAIC #
								INSURE			emnity Insurance C	ompar	
INSU	RED							INSURE					
Pov	ær	Hockey LLC						INSURE					
417	8 1	.07th Ave						INSURE					
								INSURE					
Al]	.ega	ın		MI 490	10			INSURE					
CO	VER	AGES		CER	TIFIC	ATE	NUMBER: CL17215003				REVISION NUMBER:		
IN C E	IDIC <i>i</i> ERTI	ATED. NOTWITHSTA FICATE MAY BE ISSU	AND UE[	ING ANY REQU O OR MAY PERT	IIREM FAIN, <sup>*</sup> OLICI	ENT, THE IN	CE LISTED BELOW HAVE BEI TERM OR CONDITION OF AN NSURANCE AFFORDED BY T MITS SHOWN MAY HAVE BE	IY CONT HE POL	TRACT OR OTH ICIES DESCRI UCED BY PAID	HER DOCUMEN BED HEREIN I CLAIMS.	NT WITH RESPECT TO WHIC	CH THIS	
INSR LTR		TYPE OF INSUR	RAN	CE	INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	ХX	COMMERCIAL GENERA	ALI	LIABILITY							EACH OCCURRENCE	\$	1,000,000
A		CLAIMS-MADE	x	OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
					x		PHPK2522108		03/01/2023	03/01/2024	MED EXP (Any one person)	\$	0
											PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT AF	PPL	IES PER:							GENERAL AGGREGATE	\$	3,000,000
	x	POLICY PRO- JECT	L	LOC							PRODUCTS - COMP/OP AGG	\$	3,000,000
		OTHER:										\$	
	AUT	TOMOBILE LIABILITY									COMBINED SINGLE LIMIT (Ea accident)	\$	
		ANY AUTO	٦.	O= D = D							BODILY INJURY (Per person)	\$	
		ALL OWNED AUTOS	lΑ	CHEDULED UTOS							BODILY INJURY (Per accident)	\$	
		HIRED AUTOS		ON-OWNED UTOS							PROPERTY DAMAGE (Per accident)	\$	
			$\perp$									\$	
		UMBRELLA LIAB		OCCUR							EACH OCCURRENCE	\$	
		EXCESS LIAB		CLAIMS-MADE							AGGREGATE	\$	
		DED RETENTION		\$							1050	\$	
		RKERS COMPENSATION EMPLOYERS' LIABILITY		Y/N							PER OTH- STATUTE ER		
		PROPRIETOR/PARTNER/ICER/MEMBER EXCLUDE		CUTIVE	N/A						E.L. EACH ACCIDENT	\$	
	(Mar	ndatory in NH) s, describe under									E.L. DISEASE - EA EMPLOYEE	\$	
	DES	CRIPTION OF OPERATION	SNC	below							E.L. DISEASE - POLICY LIMIT	\$	
		TON OF OPERATIONS / L Lonal insured			•	ORD 10	1, Additional Remarks Schedule, m	ay be atta	sched if more space	ce is required)			
CE	RTIF	ICATE HOLDER						CANC	ELLATION				
	1	All Seasons Arena 1251 Monks Ave. Mankato, MN 56001						THE ACC	EXPIRATION D	ATE THEREOF	SCRIBED POLICIES BE CAN F, NOTICE WILL BE DELIVER PROVISIONS.		BEFORE
		-						AUTHOR	RIZED REPRESEN	ITATIVE			
								David	l Murphy/Di	М	David N	lurphy	



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	ertificate holder in lieu of such endorse		•	icles may require an emuc	n Scilici	ii. A statellie	in on this ce	itilicate does not come	rigints t	o trie
PRO	DUCER				CONTAC NAME:	T David M				
Bea	acon Sports Insurance, LLC				PHONE (A/C. No	, Ext): (978)	578-4775	FAX (A/C, No):		
36	Princes Pine Rd				E-MAIL ADDRES	SS: Dave@bea	aconsports	ins.com		
Noı	rwalk CT 06850				7.55.1.2			DING COVERAGE		NAIC #
					INSURE			emnity Insurance C	ompar	
INSU	RED				INSURE	RB:	-	-	_	
Pov	wer Hockey LLC				INSURE	R C :				
41	78 107th Ave				INSURE					
					INSURE	RE:				
<b>A</b> 1:	legan MI 490	10			INSURE	RF:				
СО	VERAGES CER	TIFIC	ATE	NUMBER: CL17215003	10			REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIES OF IDICATED. NOTWITHSTANDING ANY REQU ERTIFICATE MAY BE ISSUED OR MAY PERT XCLUSIONS AND CONDITIONS OF SUCH PO	IREM AIN,	ENT, THE II	TERM OR CONDITION OF AN NSURANCE AFFORDED BY T	IY CONT HE POL	RACT OR OTH	HER DOCUMEN BED HEREIN I	NT WITH RESPECT TO WHI	CH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
A	CLAIMS-MADE x OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
		x		PHPK2522108		03/01/2023	03/01/2024	MED EXP (Any one person)	\$	0
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	3,000,000
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	3,000,000
	OTHER:								\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED AUTOS AUTOS							BODILY INJURY (Per accident)	\$	
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$ WORKERS COMPENSATION							PER   OTH-	\$	
	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) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$	
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
	CRIPTION OF OPERATIONS/LOCATIONS/VEHICLES ditional insured listed below	S (ACC	DRD 10	1, Additional Remarks Schedule, m	ay be atta	ched if more spac	ce is required)			
CE	RTIFICATE HOLDER				CANC	ELLATION				
	Allen Community Ice Rink 200 E. Stacy Rd Allen, TX 75002					ULD ANY OF T	ATE THEREOF	SCRIBED POLICIES BE CAN F, NOTICE WILL BE DELIVER PROVISIONS.		BEFORE
	, ,5002				AUTHOR	RIZED REPRESEN	ITATIVE	- 0 .	- 	
	ı				David Murphy/DM					



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		rms and conditions	•		•	icies may require an endo	rseme	nt. A stateme	ent on this ce	rtificate does not confer	rights t	o the
PRO	DUCE	R			` '		CONTAC NAME:	CT David Mu	urphy			
Bea	con	n Sports Insura	nce, LLC				PHONE (A/C, No	(070)	 578-4775	FAX (A/C, No):		
		nces Pine Rd					E-MAIL	<sub>SS:</sub> Dave@bea		ins.com		
		k CT 06850					ADDRES					NAIC #
1101	wai	IX C1 00050								DING COVERAGE		NAIC #
INSU	PED								eipnia ind	emnity Insurance C	ompar	
		Hockey LLC					INSURE					
		107th Ave					INSURE					
41,	0 1	107CH AVE					INSURE					
			MI 490	10			INSURE					
	ega					NUMBER 07 1721 F002	INSURE	RF:		DEVICION NUMBER		
		AGES				NUMBER: CL17215003 CE LISTED BELOW HAVE BEE		IED TO THE IN		REVISION NUMBER:	DEDIOD	
						TERM OR CONDITION OF AN						
С	ERTI	FICATE MAY BE ISSUE	ED OR MAY PERT	ΓΑΙΝ, Έ	THE	NSURANCE AFFORDED BY T	HE POL	ICIES DESCRI	BED HEREIN I			
E. INSR	KCLL	JSIONS AND CONDITION			ES. LI SUBR	MITS SHOWN MAY HAVE BE	EN RED	UCED BY PAID POLICY EFF	POLICY EXP			
LTR		TYPE OF INSURA	NCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S	
	ХX	COMMERCIAL GENERAL	LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000
A		CLAIMS-MADE 2	<b>x</b> OCCUR							PREMISES (Ea occurrence)	\$	100,000
				x		PHPK2522108		03/01/2023	03/01/2024	MED EXP (Any one person)	\$	0
										PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APP	LIES PER:							GENERAL AGGREGATE	\$	3,000,000
	x	POLICY PRO- JECT	LOC							PRODUCTS - COMP/OP AGG	\$	3,000,000
		OTHER:									\$	
	AUT	FOMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)	\$	
		ANY AUTO								BODILY INJURY (Per person)	\$	
			SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
			NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$	
			7.0100							(, -, -, -, -, -, -, -, -, -, -, -, -, -,	\$	
		UMBRELLA LIAB	OCCUR							EACH OCCURRENCE	\$	
		EXCESS LIAB	CLAIMS-MADE							AGGREGATE	\$	
		DED RETENTION									\$	
		RKERS COMPENSATION	Ψ							PER OTH- STATUTE ER	<u> </u>	
		PROPRIETOR/PARTNER/E)	KECUTIVE Y/N							E.L. EACH ACCIDENT	\$	
	OFFI	ICER/MEMBER EXCLUDED?		N/A						E.L. DISEASE - EA EMPLOYEE	\$	
	If ves	s, describe under CRIPTION OF OPERATION	S holow							E.L. DISEASE - POLICY LIMIT	\$	
	DLS	CRIFTION OF OFERATION	3 below							E.E. DIOLAGE - I GLIGI LIMIT	Ψ	
		TION OF OPERATIONS/LOC Lonal insured 1		•	ORD 10	1 1, Additional Remarks Schedule, m	ay be atta	ached if more space	ce is required)			
CE	RTIF	ICATE HOLDER					CANC	ELLATION				
	2	Ann Arbor Ice Cube 2121 Oak Valley Dr. Ann Arbor, MI 48103					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					BEFORE
							AUTHOR	RIZED REPRESEN	ITATIVE			
							David	l Murphy/Di	M	David N	lurphy	



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		rms and conditions				•	icies may require an endo	rseme	nt. A stateme	ent on this ce	rtificate does not confer	rights t	o the
PRO	DUCE	R Sports Insurance, LLC						CONTAC NAME:	T David Mu	urphy			
Bea	con	n Sports Insura	anc	e, LLC				PHONE (A/C, No	(070)	 578-4775	FAX (A/C, No):		
		nces Pine Rd		•				E-MAIL	<sub>SS:</sub> Dave@bea		ins.com		
		k CT 06850						ADDRES					NAIC #
1101	waı	. CI 00050									DING COVERAGE		NAIC #
INSU	PED									eipnia ind	emnity Insurance C	ompar	
		Hockey LLC						INSURE					
		107th Ave						INSURE					
41,	0 1	107CH AVE						INSURE					
211				MI 490	10			INSURE					
	ega					· ATE	NUMBER 01 1721 E002	INSURE	RF:		DEVICION NUMBER.		
		AGES	TUE				NUMBER: CL17215003 CE LISTED BELOW HAVE BEE		IED TO THE IN		REVISION NUMBER:	DEDIOD	
							TERM OR CONDITION OF AN						
С	ERTI	FICATE MAY BE ISSU	JED	OR MAY PERT	ΓΑΙΝ, Έ	THE	NSURANCE AFFORDED BY T	HE POL	ICIES DESCRI	BED HEREIN I			
INSR	XCLL	JSIONS AND CONDIT	TION			ES. LI SUBR	MITS SHOWN MAY HAVE BE	EN RED	UCED BY PAID POLICY EFF	POLICY EXP			
LTR		TYPE OF INSUR		E	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	s	
	ХX	COMMERCIAL GENERA	AL LI	ABILITY							EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000
A		CLAIMS-MADE	x	OCCUR							PREMISES (Ea occurrence)	\$	100,000
					x		PHPK2522108		03/01/2023	03/01/2024	MED EXP (Any one person)	\$	0
											PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT AP	PPLIE	S PER:							GENERAL AGGREGATE	\$	3,000,000
	x	POLICY PRO- JECT		LOC							PRODUCTS - COMP/OP AGG	\$	3,000,000
		OTHER:										\$	
	AUT	TOMOBILE LIABILITY									COMBINED SINGLE LIMIT (Ea accident)	\$	
		ANY AUTO									BODILY INJURY (Per person)	\$	
		ALL OWNED AUTOS		HEDULED TOS							BODILY INJURY (Per accident)	\$	
		HIRED AUTOS	NO	N-OWNED TOS							PROPERTY DAMAGE (Per accident)	\$	
			7	100							(, -, -, -, -, -, -, -, -, -, -, -, -, -,	\$	
		UMBRELLA LIAB		OCCUR							EACH OCCURRENCE	\$	
		EXCESS LIAB		CLAIMS-MADE							AGGREGATE	\$	
		DED RETENTIO	2 NC									\$	
		RKERS COMPENSATION									PER OTH- STATUTE ER	•	
	1	PROPRIETOR/PARTNER/E		CUTIVE Y/N							E.L. EACH ACCIDENT	\$	
	OFF	ICER/MEMBER EXCLUDED   ndatory in NH)			N/A						E.L. DISEASE - EA EMPLOYEE	\$	
	If ve	s, describe under CRIPTION OF OPERATION	MC P	olow							E.L. DISEASE - POLICY LIMIT	\$	
	DEG	ONIT HON OF OF ENAMO	7140 1	elow							E.E. DIOENGE T GEIGT EIWIT	Ψ	
		TION OF OPERATIONS/LO Lonal insured l			•	ORD 10	1, Additional Remarks Schedule, m	ay be atta	sched if more space	ce is required)			
CE	RTIF	ICATE HOLDER						CANC	ELLATION				
	1	Appleton Ice Arena 1717 E. Witzke Blvd Appleton, WI 54911						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					BEFORE
								AUTHO	RIZED REPRESEN	ITATIVE			
								David	l Murphy/Di	M	David N	lurphy	



DATE (MM/DD/YYYY) 2/24/2023

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	e terms and conditions of the policy, c ertificate holder in lieu of such endorse			icies may require an endo	rseme	nt. A stateme	ent on this ce	rtificate does not confer	rights t	o the		
_	DUCER	τ(ο).		CONTAC	T David Mu	ırphy						
	con Sports Insurance, LLC				NAME: PHONE	(978)	578-4775	FAX				
	Princes Pine Rd				(A/C, No E-MAIL	<sub>SS:</sub> Dave@bea		(A/C, No):				
	walk CT 06850				ADDRES							
NOI	walk CI 06650				INCURE			DING COVERAGE emnity Insurance Co	ompar	NAIC #		
INSU	RED				INSURE		erpiira inu	emmicy insurance co	ompai			
Pov	er Hockey LLC				INSURE							
	8 107th Ave				INSURE							
					INSURE							
A11	egan MI 490	10			INSURE							
СО	VERAGES CER	TIFIC	ATE	NUMBER: CL17215003				REVISION NUMBER:				
IN C E	HIS IS TO CERTIFY THAT THE POLICIES OF DICATED. NOTWITHSTANDING ANY REQU ERTIFICATE MAY BE ISSUED OR MAY PERT KCLUSIONS AND CONDITIONS OF SUCH P	IREM AIN, OLICI	IENT, ' THE II ES. LI	TERM OR CONDITION OF AN NSURANCE AFFORDED BY T	IY CONT HE POL	RACT OR OTH ICIES DESCRI UCED BY PAID	HER DOCUMEN BED HEREIN I CLAIMS.	NT WITH RESPECT TO WHIC	CH THIS			
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s			
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000		
A	CLAIMS-MADE x OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000		
		x		PHPK2522108		03/01/2023	03/01/2024	MED EXP (Any one person)	\$	0		
								PERSONAL & ADV INJURY	\$	1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	3,000,000		
	x POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	3,000,000		
	OTHER:							TROBOOTO COMITTOT TROC	\$			
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$			
	ANY AUTO							(Ea accident)  BODILY INJURY (Per person)	\$			
	ALL OWNED SCHEDULED							BODILY INJURY (Per accident)	\$			
	AUTOS AUTOS NON-OWNED							PROPERTY DAMAGE	\$			
	HIRED AUTOS AUTOS							(Per accident)	\$			
	UMBRELLA LIAB OCCUB											
	H_waranina H occor							EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$			
	DED RETENTION \$ WORKERS COMPENSATION		-					PER OTH-	\$			
	AND EMPLOYERS' LIABILITY Y/N							STATUTE ER				
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$			
	(Mandatory in NH)  If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$			
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$			
	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Iditional insured listed below											
CE	STIEICATE HOLDED				CANO	ELLATION						
<u>JL</u>	Big Bear Arena 2 Ice Circle Dr. Sault Ste. Marie, MI 49783					ULD ANY OF T EXPIRATION D	ATE THEREOF	SCRIBED POLICIES BE CAN F, NOTICE WILL BE DELIVER Y PROVISIONS.		BEFORE		
								- n:	Luch			
	1				David	Murphy/Di	M	David N	Turphy			



DATE (MM/DD/YYYY) 2/24/2023

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		rms and conditions			•	icies may require an endo	rseme	nt. A stateme	ent on this ce	rtificate does not confer	rights t	o the
PRO	DUCE	R			` '		CONTAC NAME:	CT David M	urphy			
Bea	cor	Sports Insurar	nce, LLC				PHONE (A/C, No	(978)	578-4775	FAX (A/C, No):		
36	Pri	nces Pine Rd					E-MAIL	<sub>SS:</sub> Dave@bea	aconsports	sins.com		
Nor	wal	k CT 06850					ADDRES			DING COVERAGE		NAIC #
							INSLIDE			emnity Insurance C	ompar	NAIO #
INSU	RED						INSURE		zipiiiu iiiu	charter inducation o	Jupur	
Pov	ær	Hockey LLC					INSURE					
		.07th Ave					INSURE					
A11	.ega	ın	MI 490	10			INSURE					
		AGES			CATE	NUMBER: CL17215003		KF:		REVISION NUMBER:		
IN	IDIC/	ATED. NOTWITHSTANI	HE POLICIES OF DING ANY REQU	INSU	JRANO IENT,	CE LISTED BELOW HAVE BEIT TERM OR CONDITION OF AN NSURANCE AFFORDED BY T	EN ISSU IY CONT	TRACT OR OTH	HER DOCUME	NT WITH RESPECT TO WHIC	CH THIS	
	XCLL	JSIONS AND CONDITIO				MITS SHOWN MAY HAVE BE	EN RED					
INSR LTR		TYPE OF INSURAI	NCE	INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	ХX	COMMERCIAL GENERAL	LIABILITY							EACH OCCURRENCE	\$	1,000,000
A		CLAIMS-MADE x	OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
				х		PHPK2522108		03/01/2023	03/01/2024	MED EXP (Any one person)	\$	0
										PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPI	LIES PER:							GENERAL AGGREGATE	\$	3,000,000
	x	POLICY PRO- JECT	LOC							PRODUCTS - COMP/OP AGG	\$	3,000,000
		OTHER:									\$	
	AU1	TOMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)	\$	
		ANY AUTO								BODILY INJURY (Per person)	\$	
		LAUTOS	SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
			NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$	
											\$	
		UMBRELLA LIAB	OCCUR							EACH OCCURRENCE	\$	
		EXCESS LIAB	CLAIMS-MADE							AGGREGATE	\$	
		DED RETENTION	\$								\$	
		RKERS COMPENSATION EMPLOYERS' LIABILITY								PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EX								E.L. EACH ACCIDENT	\$	
		ICER/MEMBER EXCLUDED?  Indatory in NH)		N/A						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes	s, describe under CRIPTION OF OPERATIONS	S below							E.L. DISEASE - POLICY LIMIT	\$	
D==		TON OF ORED STICKS (1	ATIONS (*******		DE :-	4.41190001.500						
		onal insured li		•	JRD 10	1, Additional Remarks Schedule, m	ay be atta	iched if more space	ce is required)			
		10.4TF					• • • • •	<b></b>				
CE	KIII	ICATE HOLDER					CANC	ELLATION				
	2	Burnsville Ice Center 251 Civic Center Pkwy Burnsville, MN 55337					THE	EXPIRATION D	ATE THEREOF	SCRIBED POLICIES BE CAN F, NOTICE WILL BE DELIVER 7 PROVISIONS.		BEFORE
		-,	-				AUTHOR	RIZED REPRESEN	ITATIVE			
							David Murphy/DM					



DATE (MM/DD/YYYY) 2/24/2023

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	ne terms and conditions of the policy, co ertificate holder in lieu of such endorse		•	icies may require an endo	rsemer	nt. A stateme	ent on this ce	rtificate does not confer	rights t	o the		
PRO	DUCER	R n Sports Insurance, LLC nces Pine Rd										
Bea	acon Sports Insurance, LLC				PHONE	, Ext): (978)	578-4775	FAX (A/C, No):				
36	Princes Pine Rd				E-MAIL	SS: Dave@bea	aconsports					
Nor	rwalk CT 06850				ADDITE			DING COVERAGE		NAIC #		
					INSURE			emnity Insurance Co	ompar			
INSU	RED				INSURE	RB:						
Pow	wer Hockey LLC				INSURE	RC:						
417	78 107th Ave				INSURE	RD:						
					INSURE	R E :						
A11	legan MI 490	10			INSURE	RF:						
CO	VERAGES CER	TIFIC	ATE	NUMBER: CL17215003								
IN C	HIS IS TO CERTIFY THAT THE POLICIES OF IDICATED. NOTWITHSTANDING ANY REQU ERTIFICATE MAY BE ISSUED OR MAY PERT XCLUSIONS AND CONDITIONS OF SUCH PO	IREM AIN,	ENT, THE II	TERM OR CONDITION OF AN NSURANCE AFFORDED BY T	Y CONT	RACT OR OTH	HER DOCUMEN BED HEREIN I	NT WITH RESPECT TO WHIC	CH THIS			
INSR LTR			SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	 3			
LIK	XX COMMERCIAL GENERAL LIABILITY	INSD	WVD	1 OLICI NOMBER		(WIW/DD/1111)	(WIW/DD/TTTT)	EACH OCCURRENCE	\$	1,000,000		
A	CLAIMS-MADE x OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000		
	92 132 (12) 98881.	x		PHPK2522108		03/01/2023	03/01/2024	MED EXP (Any one person)	\$	0		
								PERSONAL & ADV INJURY	\$	1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	3,000,000		
	x POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	3,000,000		
	OTHER:							111020010 0011117017100	\$			
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$			
	ANY AUTO							BODILY INJURY (Per person)	\$			
	ALL OWNED SCHEDULED							BODILY INJURY (Per accident)	\$			
	AUTOS AUTOS NON-OWNED AUTOS AUTOS							PROPERTY DAMAGE (Per accident)	\$			
	AUTOS							(Fer accident)	\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$			
	DED RETENTION \$								\$			
	WORKERS COMPENSATION							PER OTH- STATUTE ER				
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$			
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$			
	SCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) ditional insured listed below											
CE'	PTIEICATE HOLDER				CANO	ELLATION						
<u>VLI</u>	Canlan Ice Sports West Dundee 801 Wesemann Dr West Dundee, IL 60118					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						
					David Murphy/DM David Murphy							



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the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate certificate holder in lieu of such endorsement(s).  PRODUCER  CONTACT David Murphy									rights to	o the	
PRO	DUCER	` '		CONTAC NAME:	T David Mu	urphy					
Веа	acon Sports Insurance, LLC				PHONE (A/C, No	, Ext): (978)	578-4775	FAX (A/C, No):			
36	Princes Pine Rd				E-MAIL ADDRES	SS: Dave@bea	aconsports				
Nor	walk CT 06850							DING COVERAGE		NAIC #	
					INSURE			emnity Insurance Co	ompar		
INSU	IRED				INSURE	RB:					
Pov	wer Hockey LLC				INSURE	RC:					
417	78 107th Ave				INSURE	RD:					
					INSURE	RE:					
All	Legan MI 490	10			INSURE	RF:					
				NUMBER: CL17215003							
IN C	HIS IS TO CERTIFY THAT THE POLICIES OF IDICATED. NOTWITHSTANDING ANY REQUI ERTIFICATE MAY BE ISSUED OR MAY PERT. XCLUSIONS AND CONDITIONS OF SUCH PO	IREM AIN,	ENT, THE II	TERM OR CONDITION OF AN NSURANCE AFFORDED BY T	Y CONT HE POL	RACT OR OTH	HER DOCUMEN BED HEREIN I	NT WITH RESPECT TO WHIC	CH THIS		
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	 3		
	KEX COMMERCIAL GENERAL LIABILITY	.,,,,,,						EACH OCCURRENCE	\$	1,000,000	
А	CLAIMS-MADE x OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
		x		PHPK2522108		03/01/2023	03/01/2024	MED EXP (Any one person)	\$	0	
								PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	3,000,000	
	x POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	3,000,000	
	OTHER:								\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$							Lasa Lasa	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH)  If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$		
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
	CRIPTION OF OPERATIONS/LOCATIONS/VEHICLES ditional insured listed below	G (ACC	ORD 10	1, Additional Remarks Schedule, m	ay be atta	ched if more spac	ce is required)				
					04110						
CE	RTIFICATE HOLDER				CANC	ELLATION					
	Chiller - Easton 3600 Chiller Lane Columbus, OH 43219					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				BEFORE	
					AUTHOR	RIZED REPRESEN	ITATIVE				
					David	Murphy/Di	М	David N	lurphy		



DATE (MM/DD/YYYY) 2/24/2023

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	ertificate holder in lieu of such endorse		•	icles may require an emuc	/ Scilici	ii. A statellie	in on this ce	illicate does not come	rigins t	o tile
PRO	DUCER				CONTAC NAME:	T David M				
Bea	con Sports Insurance, LLC				PHONE (A/C. No	, Ext): (978)	578-4775	FAX (A/C, No):		
36	Princes Pine Rd				E-MAIL ADDRES	SS: Dave@be	aconsports	ins.com		-
Noi	walk CT 06850				7.55.1.2			DING COVERAGE		NAIC #
					INSURE			emnity Insurance C	ompar	
INSL	RED				INSURE		_ <u></u>			
Pov	er Hockey LLC				INSURE					
41	'8 107th Ave				INSURE					
					INSURE					
A1:	egan MI 490	10			INSURE					
СО	VERAGES CER	TIFIC	ATE	NUMBER: CL17215003				REVISION NUMBER:		
Т	HIS IS TO CERTIFY THAT THE POLICIES OF	INSU	JRAN(	CE LISTED BELOW HAVE BE	EN ISSU	ED TO THE IN	SURED NAME	D ABOVE FOR THE POLICY	PERIOD	
	DICATED. NOTWITHSTANDING ANY REQUESTIFICATE MAY BE ISSUED OR MAY PER									
	KCLUSIONS AND CONDITIONS OF SUCH P							S SUBJECT TO ALL THE TE	KIVIO,	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	XX COMMERCIAL GENERAL LIABILITY	INOD				(MINI/DD/1111)	(MINI/DD/1111)	EACH OCCURRENCE	\$	1,000,000
A	CLAIMS-MADE x OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
		x		PHPK2522108		03/01/2023	03/01/2024	MED EXP (Any one person)	\$	0
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	3,000,000
	x POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	3,000,000
	OTHER:							111020010 0011117017100	\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED							BODILY INJURY (Per accident)	\$	
	NON-OWNED							PROPERTY DAMAGE	\$	
	HIRED AUTOS AUTOS							(Per accident)	\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$	1						7.CORESTIE	\$	
	WORKERS COMPENSATION							PER OTH- STATUTE ER	Ψ	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE  Y/N							E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
	DESCRIPTION OF OPERATIONS BEIOW							E.E. DIOLAGE - I GLIGIT LIMIT	Ι Ψ	
	CRIPTION OF OPERATIONS/LOCATIONS/VEHICLE Litional insured listed below	•	ORD 10	1, Additional Remarks Schedule, m	ay be atta	ached if more spa	ce is required)			
CE	RTIFICATE HOLDER				CANC	ELLATION				
	Chiller - North 8144 Highfield Dr Lewis Center, OH 43219				THE	<b>EXPIRATION</b> D	ATE THEREOF	SCRIBED POLICIES BE CAN F, NOTICE WILL BE DELIVER 7 PROVISIONS.		BEFORE
	Hewis Center, On 43219				AUTHO	RIZED REPRESEN	ITATIVE		1 :	
	ı				David Murphy/DM David Murphy					



DATE (MM/DD/YYYY) 2/24/2023

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	ne terms and conditions of the policy, c ertificate holder in lieu of such endorse			icies may require an endo	rseme	nt. A stateme	ent on this ce	rtificate does not confer	rights t	o the
_	DUCER	Sports Insurance, LLC								
Bea	acon Sports Insurance, LLC				PHONE	' David Mu	578-4775	FAX (A/C No.)		
	Princes Pine Rd				(A/C, No E-MAIL	SS: Dave@bea				
	rwalk CT 06850				ADDRES					
NO.	twark CI 00030				INSURE			DING COVERAGE emnity Insurance Co	ompar	NAIC #
INSU	JRED				INSURE					
Pot	wer Hockey LLC				INSURE					
41'	78 107th Ave				INSURE					
					INSURE					
<b>A</b> 1	legan MI 490	10			INSURE					
СО	VERAGES CER	TIFIC	ATE	NUMBER: CL17215003	10			REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIES OF IDICATED. NOTWITHSTANDING ANY REQUENTIFICATE MAY BE ISSUED OR MAY PERT XCLUSIONS AND CONDITIONS OF SUCH PO	IIREM TAIN, OLICI	IENT, ' THE II ES. LI	TERM OR CONDITION OF AN NSURANCE AFFORDED BY T	IY CONT HE POL	RACT OR OTH ICIES DESCRI UCED BY PAID	HER DOCUMEN BED HEREIN I CLAIMS.	NT WITH RESPECT TO WHIC	CH THIS	
INSR LTR		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	KX COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
A	CLAIMS-MADE x OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
		x		PHPK2522108		03/01/2023	03/01/2024	MED EXP (Any one person)	\$	0
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	3,000,000
	x POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	3,000,000
	OTHER:								\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED							BODILY INJURY (Per accident)	\$	
	AUTOS AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE	\$	
	HIRED AUTOS AUTOS							(Per accident)	\$	
	UMBRELLA LIAB OCCUP							EACH OCCURRENCE	\$	
	EXCESS LIAB OCCUR  CLAIMS-MADE									
	CEANVO-IVIABE							AGGREGATE	\$	
	DED   RETENTION \$							PER OTH-	Ф	
	AND EMPLOYERS' LIABILITY  Y/N							STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH)  If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$	
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
	CRIPTION OF OPERATIONS/LOCATIONS/VEHICLES ditional insured listed below	S (ACC	ORD 10	1, Additional Remarks Schedule, m	ay be atta	ched if more spac	ce is required)			
CE	RTIFICATE HOLDER				CANC	ELLATION				
<u> </u>	Chiller - Dublin 7001 Dublin Park Dr. Dublin, OH 43016		SHO THE	ULD ANY OF T EXPIRATION D	ATE THEREOF	SCRIBED POLICIES BE CAN F, NOTICE WILL BE DELIVER 7 PROVISIONS.		BEFORE		
					AUTHOR	RIZED REPRESEN	ITATIVE			
	1				David	Murphy/Di	M	David N	lurphy	



DATE (MM/DD/YYYY) 2/24/2023

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	e terms and conditions of the policy, c ertificate holder in lieu of such endorse			icies may require an endo	rseme	nt. A stateme	ent on this ce	rtificate does not confer	rights t	o the
_	DUCER	,,,,,	τ(ο).		CONTAC	T David Mu	ırphy			
	con Sports Insurance, LLC				PHONE	(978)	578-4775	FAX		
	Princes Pine Rd				(A/C, No E-MAIL	<sub>SS:</sub> Dave@bea		(A/C, No):		
	walk CT 06850				ADDRES					
NOI	walk CI 00050				INCLIDE			DING COVERAGE emnity Insurance Co	ompar	NAIC #
INSU	RED				INSURE		erpiira ina	CMMITCY IMPUTURES C	ompar	
Pov	er Hockey LLC				INSURE					
417	8 107th Ave				INSURE					
					INSURE					
Al]	egan MI 490	10			INSURE					
СО	VERAGES CER	TIFIC	ATE	NUMBER: CL17215003	10			REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIES OF IDICATED. NOTWITHSTANDING ANY REQUENTIFICATE MAY BE ISSUED OR MAY PERT KCLUSIONS AND CONDITIONS OF SUCH PA	IIREM TAIN, <sup>*</sup> OLICI	IENT, ' THE II ES. LI	TERM OR CONDITION OF AN NSURANCE AFFORDED BY T	IY CONT HE POL	RACT OR OTH ICIES DESCRI UCED BY PAID	HER DOCUMEN BED HEREIN I CLAIMS.	NT WITH RESPECT TO WHIC	CH THIS	
insr Ltr	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
A	CLAIMS-MADE x OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
		x		PHPK2522108		03/01/2023	03/01/2024	MED EXP (Any one person)	\$	0
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	3,000,000
	x POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	3,000,000
	OTHER:								\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED							BODILY INJURY (Per accident)	\$	
	NON-OWNED							PROPERTY DAMAGE	\$	
	HIRED AUTOS AUTOS							(Per accident)	\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	CEATIVIO-IVIABE							AGGREGATE	\$	
	DED   RETENTION \$   WORKERS COMPENSATION							PER OTH-	Φ	
	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE  Y / N							STATUTE ER	Φ.	
	OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH)  If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$	
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
	CRIPTION OF OPERATIONS/LOCATIONS/VEHICLES Litional insured listed below	S (ACC	ORD 10	1, Additional Remarks Schedule, m	ay be atta	ched if more space	ce is required)			
0.5					04116	NELL 47101				
CE	RTIFICATE HOLDER				CANC	ELLATION				
	Duluth Heritage Sports ( 120 N.30th Ave W. Duluth, MN 55806	Cent	er		THE	EXPIRATION D	ATE THEREOF	SCRIBED POLICIES BE CAN F, NOTICE WILL BE DELIVER / PROVISIONS.		BEFORE
					AUTHOR	RIZED REPRESEN	ITATIVE			
	ı				David Murphy/DM David Murphy					



DATE (MM/DD/YYYY) 2/24/2023

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	e terms and conditions of the policy, o ertificate holder in lieu of such endors		-	icies may require an endo			ent on this ce	ertificate does not confer	rights t	o the
PRO	DUCER				CONTAC NAME:	T David M	urphy			
Bea	con Sports Insurance, LLC				PHONE (A/C, No	(070)	578-4775	FAX (A/C, No):		
36	Princes Pine Rd				E-MAIL ADDRES	Ss: Dave@be	aconsports			
Nor	walk CT 06850							DING COVERAGE		NAIC #
					INSURE			emnity Insurance C	ompar	
INSU	RED				INSURE		_	-	_	
Pow	er Hockey LLC				INSURE					
417	8 107th Ave				INSURE					
					INSURE	RE:				
A11	egan MI 490	10			INSURE					
CO	/ERAGES CER	TIFIC	CATE	NUMBER: CL17215003	-			REVISION NUMBER:		
IN C	IIS IS TO CERTIFY THAT THE POLICIES OF DICATED. NOTWITHSTANDING ANY REQUENTIFICATE MAY BE ISSUED OR MAY PER CCLUSIONS AND CONDITIONS OF SUCH P	JIREN TAIN,	IENT, THE II	TERM OR CONDITION OF AN NSURANCE AFFORDED BY T	IY CONT HE POL	RACT OR OTH	HER DOCUME! BED HEREIN I	NT WITH RESPECT TO WHI	CH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	rs	
LIK	XX COMMERCIAL GENERAL LIABILITY	INSD	WVD	FOLICI NUMBER		(IVIIVI/DD/TTTT)	(IVIIVI/DD/TTTT)	EACH OCCURRENCE	\$	1,000,000
A	CLAIMS-MADE x OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
	92 12 22 0000.	x		PHPK2522108		03/01/2023	03/01/2024	MED EXP (Any one person)	\$	0
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	3,000,000
	x POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	3,000,000
	OTHER:							TROBUSTO COMITTO ACC	\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED AUTOS AUTOS							BODILY INJURY (Per accident)	\$	
	HIRED AUTOS AUTOS NON-OWNED AUTOS AUTOS							PROPERTY DAMAGE (Per accident)	\$	
	AUTOS							(Fel accident)	\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$	1							\$	
	WORKERS COMPENSATION							PER OTH- STATUTE ER		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE  Y / N							E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	<u> </u>	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
	2200 M. HOLLO, C. E. M. HOLLO SOLOW									
	RIPTION OF OPERATIONS/LOCATIONS/VEHICLE itional insured listed below		ORD 10	1, Additional Remarks Schedule, m	ay be atta	iched if more spac	ce is required)			
CEI	RTIFICATE HOLDER				CANC	ELL ATION				
CEI	TILICATE HOLDER				CANC	ELLATION				
	Eble Park Ice Arena 19400 W. Blue Mounds Rd Waukesha, WI 53045	•			THE	EXPIRATION D ORDANCE WIT	PATE THEREOF	SCRIBED POLICIES BE CAN F, NOTICE WILL BE DELIVER Y PROVISIONS.		) BEFORE
					AUTHOR	RIZED REPRESEN	ITATIVE			
					David Murphy/DM David Murphy					



DATE (MM/DD/YYYY) 2/24/2023

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the terms and conditions of the policy, c certificate holder in lieu of such endorse		•	icies may require an endo	rsemer	nt. A stateme	ent on this ce	rtificate does not confer	rights to	o the		
PRODUCER		` ,		CONTAC NAME:	T David M	urphy					
Beacon Sports Insurance, LLC					, Ext): (978)	578-4775	FAX (A/C, No):				
36 Princes Pine Rd				E-MAIL	SS: Dave@bea	aconsports					
Norwalk CT 06850				ADDITE			DING COVERAGE		NAIC #		
				INSURE			emnity Insurance Co	ompar			
INSURED				INSURE	RB:						
Power Hockey LLC				INSURE	R C :						
4178 107th Ave				INSURE	RD:						
				INSURE	RE:						
Allegan MI 490	10			INSURE	RF:						
COVERAGES CER	TIFIC	ATE	NUMBER: CL17215003	10			REVISION NUMBER:				
THIS IS TO CERTIFY THAT THE POLICIES OF INDICATED. NOTWITHSTANDING ANY REQUIREMENTS OF MAY PERTEXCLUSIONS AND CONDITIONS OF SUCH POLICIES.	IREM AIN, T	ENT, THE II	TERM OR CONDITION OF AN NSURANCE AFFORDED BY T	Y CONT	RACT OR OTH	HER DOCUMEN BED HEREIN I	NT WITH RESPECT TO WHIC	CH THIS			
INSR	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	 3			
XX COMMERCIAL GENERAL LIABILITY	INSD	WVD	1 OLICI NOMBER		(WIW/DD/TTTT)	(WIW/DD/TTTT)	EACH OCCURRENCE	\$	1,000,000		
A CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000		
a second	x		PHPK2522108		03/01/2023	03/01/2024	MED EXP (Any one person)	\$	0		
							PERSONAL & ADV INJURY	\$	1,000,000		
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	3,000,000		
x POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	3,000,000		
OTHER:							11.020010 007017.00	\$			
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$			
ANY AUTO							BODILY INJURY (Per person)	\$			
ALL OWNED SCHEDULED							BODILY INJURY (Per accident)	\$			
AUTOS AUTOS NON-OWNED AUTOS AUTOS							PROPERTY DAMAGE (Per accident)	\$			
AUTOS							(Fer accident)	\$			
UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$			
DED RETENTION \$								\$			
WORKERS COMPENSATION							PER OTH- STATUTE ER	· ·			
AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$			
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$			
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Additional insured listed below											
CERTIFICATE HOLDER				CANO	ELLATION						
Eden Prairie Community C 16700 Valley View Rd. Eden Prairie, MN 55346	Cent	er		SHO THE ACC	ULD ANY OF T EXPIRATION D	ATE THEREOF	SCRIBED POLICIES BE CAN F, NOTICE WILL BE DELIVER PROVISIONS.		BEFORE		
				David	Murphy/DI	М	David N	lurphy			



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		rms and condition cate holder in lieu				•	icies may require an endo	rseme	nt. A stateme	ent on this ce	rtificate does no	ot confer	rights t	o the
PRO	DUCEF	₹				`,		CONTAC NAME:	T David Mu	ırphy				
Ве	acon	Sports Insur	ran	ce, LLC				PHONE (A/C, No	(978)	_ <del></del> 578-4775		FAX (A/C, No):		
36	Pri	nces Pine Rd						E-MAIL	SS: Dave@bea	aconsports	ins.com	<u>_(A/O, NO).</u>		
No	rwal	k CT 06850						ADDRES			DING COVERAGE			NAIC #
								INSURE		. , ,	emnity Insur	rance Co	ompar	IVAIO #
INS	JRED							INSURE	RB:					
Po	wer 1	Hockey LLC						INSURE	R C :					
41	78 1	07th Ave						INSURE	R D :					
								INSURE	RE:					
Al	lega	n		MI 490	10			INSURE						
CC	VER	AGES		CER	TIFIC	CATE	NUMBER: CL17215003	10			REVISION NUM	MBER:		
II C	NDICA ERTIF XCLU	TED. NOTWITHSTA	AND SUE	ING ANY REQU O OR MAY PER	IIREM FAIN, OLICI	IENT, ' THE II ES. LI	CE LISTED BELOW HAVE BEI TERM OR CONDITION OF AN NSURANCE AFFORDED BY T MITS SHOWN MAY HAVE BE	IY CONT HE POL	RACT OR OTH ICIES DESCRI UCED BY PAID	HER DOCUMEN BED HEREIN I CLAIMS.	NT WITH RESPEC	T TO WHI	CH THIS	
INSF LTR		TYPE OF INSU	JRAN	CE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	S	
	хx	COMMERCIAL GENER	RALI	LIABILITY							EACH OCCURRENC		\$	1,000,000
А		CLAIMS-MADE	x	OCCUR							DAMAGE TO RENTE PREMISES (Ea occu	ED urrence)	\$	100,000
					x		PHPK2522108		03/01/2023	03/01/2024	MED EXP (Any one	person)	\$	0
				_							PERSONAL & ADV	INJURY	\$	1,000,000
	GEN	L'L AGGREGATE LIMIT A	APPLI	IES PER:							GENERAL AGGREG	ATE	\$	3,000,000
	x POLICY PRO- JECT LOC OTHER:										PRODUCTS - COMP	P/OP AGG	\$	3,000,000
											OOMBINED OINGLE	LIMIT	\$	
	AUT	OMOBILE LIABILITY									COMBINED SINGLE (Ea accident)	LIMII	\$	
		ANY AUTO									BODILY INJURY (Pe	er person)	\$	
		ALL OWNED AUTOS	A	CHEDULED UTOS							BODILY INJURY (Pe		\$	
		HIRED AUTOS		ON-OWNED UTOS							PROPERTY DAMAG (Per accident)	iE .	\$	
	Ш												\$	
		UMBRELLA LIAB		OCCUR							EACH OCCURRENC	CE	\$	
	Ш	EXCESS LIAB		CLAIMS-MADE							AGGREGATE		\$	
		DED RETENT		\$							1,050	Lotu	\$	
		KERS COMPENSATION EMPLOYERS' LIABILIT		Y/N							PER STATUTE	OTH- ER		
		PROPRIETOR/PARTNER CER/MEMBER EXCLUDE		CUTIVE	N/A						E.L. EACH ACCIDE	NT	\$	
	(Man	datory in NH) , describe under									E.L. DISEASE - EA E	MPLOYEE	\$	
	DESC	CRIPTION OF OPERATION	IONS	below							E.L. DISEASE - POL	ICY LIMIT	\$	
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Additional insured listed below														
<u> </u>														
CE	RTIF	ICATE HOLDER						CANC	ELLATION					
	E	lk River Ard lk River Hig chool Street	gh		000			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					BEFORE	
	E	lk River, M	N	55330				AUTHOR	RIZED REPRESEN	HALIVE		- 0 -	l i	
								David	Murphy/Di	٧ī		David N	lurphy	



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		rms and condition		•		•	icies may require an endo	rseme	nt. A stateme	ent on this ce	rtificate does not confer	rights t	o the
PRO	DUCE	R				,		CONTAC NAME:	CT David Mu	urphy			
Bea	con	Sports Insu	ura	nce, LLC				PHONE (A/C, No	(978)	578-4775	FAX (A/C, No):		
36	Pri	nces Pine Ro	d					E-MAIL	<sub>SS:</sub> Dave@bea	aconsports	sins.com		
Nor	wal	k CT 06850						ADDICE			DING COVERAGE		NAIC #
								INSURE			emnity Insurance Co	ompar	
INSU	RED							INSURE			<u> </u>		
Pov	ær	Hockey LLC						INSURE					
417	78 1	.07th Ave						INSURE					
								INSURE					
Al]	.ega	ın		MI 490	10			INSURE					
CO	VER	AGES		CER	TIFIC	ATE	NUMBER: CL17215003				REVISION NUMBER:		
IN C E	IDIC <i>I</i> ERTI	ATED. NOTWITHS FICATE MAY BE IS	STAN SSUE	DING ANY REQUED OR MAY PER	JIREM TAIN, <sup>*</sup> OLICI	IENT, ' THE II ES. LI	CE LISTED BELOW HAVE BEI TERM OR CONDITION OF AN NSURANCE AFFORDED BY T MITS SHOWN MAY HAVE BE	IY CONT HE POL	TRACT OR OTH ICIES DESCRI UCED BY PAID	HER DOCUME! BED HEREIN I CLAIMS.	NT WITH RESPECT TO WHIC	CH THIS	
INSR LTR		TYPE OF INS	SURA	NCE	INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
	ХX	COMMERCIAL GENI	ERAL	LIABILITY							EACH OCCURRENCE	\$	1,000,000
A		CLAIMS-MADE	Ŀ	OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
					x		PHPK2522108		03/01/2023	03/01/2024	MED EXP (Any one person)	\$	0
											PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT		LIES PER:							GENERAL AGGREGATE	\$	3,000,000
	x	POLICY PROJECT	D- T	LOC							PRODUCTS - COMP/OP AGG	\$	3,000,000
		OTHER:										\$	
	AUT	OMOBILE LIABILITY									COMBINED SINGLE LIMIT (Ea accident)	\$	
		ANY AUTO									BODILY INJURY (Per person)	\$	
		ALL OWNED AUTOS		SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
		HIRED AUTOS		NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$	
			$\perp$									\$	
		UMBRELLA LIAB		OCCUR							EACH OCCURRENCE	\$	
		EXCESS LIAB		CLAIMS-MADE							AGGREGATE	\$	
		DED RETEN		1\$							1050	\$	
		RKERS COMPENSATION PROPERTY COMPENSATION OF THE PROPERTY COMPENSATION OF THE PROPERTY OF THE P		Y/N							PER OTH- STATUTE ER		
		PROPRIETOR/PARTNE		KECUTIVE	N/A						E.L. EACH ACCIDENT	\$	
	(Mar	ndatory in NH) s, describe under									E.L. DISEASE - EA EMPLOYEE	\$	
	DES	CRIPTION OF OPERA	TION	S below							E.L. DISEASE - POLICY LIMIT	\$	
		non of operations onal insured			•	 DRD 10	 1, Additional Remarks Schedule, m	ay be atta	nched if more space	ce is required)	<u> </u>		
CE	RTIF	ICATE HOLDER	R					CANC	ELLATION				
	1	enton Forum 771 Gilsinm enton, MO	n I					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				BEFORE	
								AUTHOR	RIZED REPRESEN	HAIIVE			
								David Murphy/DM David Murphy					



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	ne terms and conditions of the policy, co ertificate holder in lieu of such endorse		•	icies may require an endo	rsemer	nt. A stateme	ent on this ce	rtificate does not confer	rights to	o the	
PRO	DUCER		` '		CONTAC NAME:	T David M	urphy				
Веа	acon Sports Insurance, LLC				PHONE (A/C. No.	, Ext): (978)	578-4775	FAX (A/C, No):			
36	Princes Pine Rd				E-MAIL ADDRES	SS: Dave@bea	aconsports				
Nor	rwalk CT 06850				7.55.1.2			DING COVERAGE		NAIC #	
					INSURE			emnity Insurance Co	ompar		
INSU	IRED				INSURE	RB:					
Pov	wer Hockey LLC				INSURE	RC:					
417	78 107th Ave				INSURE	RD:					
					INSURE	RE:					
<b>A</b> 11	legan MI 490	10			INSURE	RF:					
CO	VERAGES CER	ΓIFIC	ATE	NUMBER:CL17215003	10			REVISION NUMBER:			
IN C	HIS IS TO CERTIFY THAT THE POLICIES OF IDICATED. NOTWITHSTANDING ANY REQU ERTIFICATE MAY BE ISSUED OR MAY PERT XCLUSIONS AND CONDITIONS OF SUCH PO	IREM AIN,	ENT, THE II	TERM OR CONDITION OF AN NSURANCE AFFORDED BY T	Y CONT	RACT OR OTH	HER DOCUMEN BED HEREIN I	NT WITH RESPECT TO WHIC	CH THIS		
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	 S		
LIK	KX COMMERCIAL GENERAL LIABILITY	INSU	WVD	1 OLIC I NOMBER		(WIW/DD/TTTT)	(WIW/DD/TTTT)	EACH OCCURRENCE	\$	1,000,000	
A	CLAIMS-MADE x OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
	92 32	х		PHPK2522108		03/01/2023	03/01/2024	MED EXP (Any one person)	\$	0	
								PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	3,000,000	
	x POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	3,000,000	
	OTHER:							111020010 0011117017100	\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	ALL OWNED SCHEDULED							BODILY INJURY (Per accident)	\$		
	AUTOS AUTOS NON-OWNED AUTOS AUTOS							PROPERTY DAMAGE (Per accident)	\$		
	AUTOS							(Fer accident)	\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$								\$		
	WORKERS COMPENSATION							PER OTH- STATUTE ER			
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
	Description of the Englishment Stock								•		
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Additional insured listed below											
CE	RTIFICATE HOLDER				CANO	ELLATION					
JEI	Graham Arena 1570 Fairgrounds Avenue Rochester, MN 55904	SE			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				BEFORE		
					David Murphy/DM David Murphy						



DATE (MM/DD/YYYY) 2/24/2023

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	ne terms and conditions of the policy, co ertificate holder in lieu of such endorse		•	icies may require an endo	rsemer	nt. A stateme	ent on this ce	rtificate does not confer	rights to	o the
PRO	DUCER		` '		CONTAC NAME:	T David Mu	urphy			
Bea	acon Sports Insurance, LLC				PHONE	, Ext): (978)	578-4775	FAX (A/C, No):		
36	Princes Pine Rd				E-MAIL	SS: Dave@bea	aconsports			
Nor	rwalk CT 06850				ADDICE			DING COVERAGE		NAIC #
					INSURE			emnity Insurance Co	ompar	
INSU	RED				INSURE	RB:				
Pow	wer Hockey LLC				INSURE	R C :				
417	78 107th Ave				INSURE	RD:				
					INSURE	RE:				
A11	legan MI 490	10			INSURE	RF:				
CO	VERAGES CER	TIFIC	ATE	NUMBER: CL17215003	10			REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIES OF IDICATED. NOTWITHSTANDING ANY REQU ERTIFICATE MAY BE ISSUED OR MAY PERT XCLUSIONS AND CONDITIONS OF SUCH PO	IREM AIN,	ENT, THE II	TERM OR CONDITION OF AN NSURANCE AFFORDED BY T	Y CONT HE POL	RACT OR OTH	HER DOCUMEN BED HEREIN I	NT WITH RESPECT TO WHIC	CH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3	
	KX COMMERCIAL GENERAL LIABILITY	INOD	WVD			(MING DOTT TTT)	(MINI/DD/11111)	EACH OCCURRENCE	\$	1,000,000
A	CLAIMS-MADE x OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
		x		PHPK2522108		03/01/2023	03/01/2024	MED EXP (Any one person)	\$	0
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	3,000,000
	x POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	3,000,000
	OTHER:								\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
	HIRED AUTOS AUTOS							PROPERTY DAMAGE (Per accident)	\$	
	AUTOS							(i di doldon)	\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$								\$	
	WORKERS COMPENSATION							PER OTH- STATUTE ER		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
	CRIPTION OF OPERATIONS/LOCATIONS/VEHICLES ditional insured listed below	(ACC	ORD 10	1, Additional Remarks Schedule, m	ay be atta	ched if more space	ce is required)			
nac	reconar insured listed below									
<u> </u>										
CEI	RTIFICATE HOLDER				CANC	ELLATION				
	Griff's Georgetown 8500 48th Ave Hudsonville, MI 49426				THE	EXPIRATION D	ATE THEREOF	SCRIBED POLICIES BE CAN F, NOTICE WILL BE DELIVER PROVISIONS.		BEFORE
					AUTHOR	RIZED REPRESEN	ITATIVE			
					David	Murphy/Di	М	David N	lurphy	



DATE (MM/DD/YYYY) 2/24/2023

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	ne terms and conditions of the policy, co ertificate holder in lieu of such endorse		-	icies may require an endo	rsemer	nt. A stateme	ent on this ce	rtificate does not confer	rights t	o the	
PRO	DUCER		` '		CONTAC NAME:	T David Mu	urphy				
Bea	con Sports Insurance, LLC				PHONE	, Ext): (978)	578-4775	FAX (A/C, No):			
36	Princes Pine Rd				E-MAIL	SS: Dave@bea	aconsports				
Nor	rwalk CT 06850				ADDICE			DING COVERAGE		NAIC #	
					INSURE			emnity Insurance Co	ompar		
INSU	RED				INSURE	RB:					
Pow	ver Hockey LLC				INSURE	RC:					
417	78 107th Ave				INSURE	RD:					
					INSURE	R E :					
A11	egan MI 490	10			INSURE	RF:					
CO	VERAGES CERT	TIFIC	ATE	NUMBER: CL17215003	10			REVISION NUMBER:			
IN C	HIS IS TO CERTIFY THAT THE POLICIES OF IDICATED. NOTWITHSTANDING ANY REQUI ERTIFICATE MAY BE ISSUED OR MAY PERT. XCLUSIONS AND CONDITIONS OF SUCH PO	IREM AIN,	ENT, THE II	TERM OR CONDITION OF AN NSURANCE AFFORDED BY T	Y CONT HE POL	RACT OR OTH	HER DOCUMEN BED HEREIN I	NT WITH RESPECT TO WHIC	CH THIS		
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	 3		
LIK	XX COMMERCIAL GENERAL LIABILITY	INSD	WVD	TOLICT NUMBER		(WIW/DD/TTTT)	(WIW/DD/TTTT)		\$	1,000,000	
A	CLAIMS-MADE x OCCUR							DAMAGE TO RENTED	\$	100,000	
	92 11110 1111 12 22 900011	x		PHPK2522108		03/01/2023	03/01/2024	T TEIMELE (La cocarronce)	\$	0	
								` , ' , '	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:								\$	3,000,000	
	x POLICY PRO- JECT LOC								\$	3,000,000	
	OTHER:								\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO								\$		
	ALL OWNED SCHEDULED							BODILY INJURY (Per accident)	\$		
	AUTOS AUTOS NON-OWNED AUTOS AUTOS							PROPERTY DAMAGE (Per accident)	\$		
	AUTOS								\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE								\$		
	DED RETENTION \$								\$		
	WORKERS COMPENSATION							PER OTH- STATUTE ER			
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE								\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below								\$		
	2200 m mont of the 2 m monte polem								•		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Additional insured listed below											
CE	RTIFICATE HOLDER				CANC	ELLATION					
	Hobbs Ice Center 915 Menomonie St. Eau Claire, WI 54703				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				BEFORE		
					AUTHOR	RIZED REPRESEN	ITATIVE				
					David	Murphy/Di	М	David M	lurphy		



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	e terms and conditions of the policy, c ertificate holder in lieu of such endorse		-	icies may require an endo			ent on this ce	rtificate does not confer	rights t	o tne
PRO	DUCER				CONTAC NAME:	T David M	urphy			
Bea	con Sports Insurance, LLC				PHONE (A/C, No	(070)	578-4775	FAX (A/C, No):		
36	Princes Pine Rd				E-MAIL ADDRES	SS: Dave@bea	aconsports			
Nor	walk CT 06850							DING COVERAGE		NAIC #
					INSURE			emnity Insurance C	ompar	
INSU	RED				INSURE		_	-	_	
Pow	er Hockey LLC				INSURE					
417	8 107th Ave				INSURE					
					INSURE	RE:				
A11	egan MI 490	10			INSURE					
CO	VERAGES CER	TIFIC	CATE	NUMBER:CL17215003	`			REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIES OF DICATED. NOTWITHSTANDING ANY REQUESTIFICATE MAY BE ISSUED OR MAY PERTIFICATE MAY BE ISSUED OR MAY PERTIFICATE AND CONDITIONS OF SUCH PARTIFICATED AND CONDITIONS OF SUCH PARTIFICATED	IREM AIN,	IENT, THE II	TERM OR CONDITION OF AN NSURANCE AFFORDED BY T	Y CONT HE POL	RACT OR OTH	HER DOCUME! BED HEREIN I	NT WITH RESPECT TO WHI	CH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	'S	
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	1 OLIC I NOMBER		(WINDD/TTTT)	(WIW/DD/TTTT)	EACH OCCURRENCE	\$	1,000,000
A	CLAIMS-MADE x OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
	92 11110 1111122 [22] 99991.	х		PHPK2522108		03/01/2023	03/01/2024	MED EXP (Any one person)	\$	0
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	3,000,000
	x POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	3,000,000
	OTHER:							TROBUCTO COMITTOT ACC	\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED AUTOS AUTOS							BODILY INJURY (Per accident)	\$	
	HIRED AUTOS AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$	
	AUTOS							(Fer accident)	\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$								\$	
	WORKERS COMPENSATION							PER OTH- STATUTE ER		
	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE  Y/N							E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
	Programment of the English of the Solom									
	RIPTION OF OPERATIONS/LOCATIONS/VEHICLE: Litional insured listed below	S (ACC	ORD 10	1, Additional Remarks Schedule, m	ay be atta	ched if more spac	ce is required)			
CFI	RTIFICATE HOLDER				CANC	ELLATION				
	CHICALE HOLDER				5/1110	LLLATION				
	Ice Box 1421 S. Walnut St South Bend, IN 46619				THE ACC	EXPIRATION D ORDANCE WIT	PATE THEREOF	SCRIBED POLICIES BE CAN F, NOTICE WILL BE DELIVER Y PROVISIONS.		BEFORE
					AUTHOR	RIZED REPRESEN	HAIIVE			
					David Murphy/DM David Murphy					



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			ns of the policy, of such endors			icies may require an endo	rseme	nt. A stateme	ent on this ce	rtificate does not confer	rights t	o the
_	DUCER	er iii iieu	or such endors	cilici	ι(3).		CONTAC	CT David M	urphy			
	acon Sport	. Tngur	ance I.I.C				NAME: PHONE	(978)	578-4775	FAX		
	Princes P		ande, LLC				(A/C, No E-MAIL	<sub>SS:</sub> Dave@bea				
	rwalk CT 0						ADDRES					
NO.	IWAIR CI U	1030					INCURE			DING COVERAGE emnity Insurance C	ompar	NAIC #
INSU	JRED						INSURE		sipilia illu	emmity insurance c	Jiipai	
	wer Hockey	LLC					INSURE					
	78 107th A						INSURE					
							INSURE					
<b>A</b> 1:	legan		MI 49	010			INSURE					
	VERAGES				CATE	NUMBER: CL17215003		KF:		REVISION NUMBER:		
IN C	NDICATED. NO SERTIFICATE M	WITHSTA Y BE ISS	THE POLICIES O ANDING ANY REQ UED OR MAY PEF	F INSUUIREN	JRANO MENT, THE I	CE LISTED BELOW HAVE BE TERM OR CONDITION OF AN NSURANCE AFFORDED BY T MITS SHOWN MAY HAVE BE	EN ISSU IY CONT 'HE POL	TRACT OR OTH LICIES DESCRI	HER DOCUMEI BED HEREIN I	NT WITH RESPECT TO WHIC	CH THIS	
INSR LTR		E OF INSU	RANCE		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	XX COMMER	IAL GENER	AL LIABILITY							EACH OCCURRENCE	\$	1,000,000
А	CLAI	IS-MADE	x OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
				x		PHPK2522108		03/01/2023	03/01/2024	MED EXP (Any one person)	\$	0
										PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREG	ATE LIMIT A	PPLIES PER:							GENERAL AGGREGATE	\$	3,000,000
	x POLICY	PRO- JECT	LOC							PRODUCTS - COMP/OP AGG	\$	3,000,000
	OTHER:										\$	
	AUTOMOBILE L	ABILITY								COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO		_							BODILY INJURY (Per person)	\$	
	ALL OWN	D	SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
	HIRED AU	os	NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$	
											\$	
	UMBRELL	LIAB	OCCUR							EACH OCCURRENCE	\$	
	EXCESS L	AB	CLAIMS-MADE							AGGREGATE	\$	
	DED	RETENTI	ON \$								\$	
	WORKERS COM		,							PER OTH- STATUTE ER		
	ANY PROPRIETO	R/PARTNER	EXECUTIVE	¶ <sub>N/A</sub>						E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBI	l)		٦,,,						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe of DESCRIPTION C	nder FOPERATIO	ONS below							E.L. DISEASE - POLICY LIMIT	\$	
			OCATIONS/VEHICL listed below	•	ORD 10	11, Additional Remarks Schedule, m	ay be atta	ached if more spa	ce is required)			
CE	RTIFICATE F	OLDER					CANC	CELLATION				
	Ice Cer 10710 V	tre at estmir	the Promenster Blvd	enade	•		SHO THE	OULD ANY OF T	DATE THEREOF	SCRIBED POLICIES BE CAN F, NOTICE WILL BE DELIVER 7 PROVISIONS.		BEFORE
		•					AUTHO	RIZED REPRESEN	ITATIVE			
							David	d Murphy/Di	M	David N	lurphy	



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	e terms and conditions of the policy, d ertificate holder in lieu of such endorse		-	icies may require an endo			ent on this ce	rtificate does not confer	rights t	o the
PRO	DUCER				CONTAC NAME:	T David M	urphy			
Bea	con Sports Insurance, LLC				PHONE (A/C, No	(070)	578-4775	FAX (A/C, No):		
36	Princes Pine Rd				E-MAIL ADDRES	Ss: Dave@be	aconsports			
Nor	walk CT 06850							DING COVERAGE		NAIC #
					INSURE			emnity Insurance C	ompar	
INSU	RED				INSURE		_	-	_	
Pow	er Hockey LLC				INSURE					
417	8 107th Ave				INSURE					
					INSURE	RE:				
A11	egan MI 490	10			INSURE					
CO	VERAGES CER	TIFIC	ATE	NUMBER:CL17215003	-			REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIES OF DICATED. NOTWITHSTANDING ANY REQU ERTIFICATE MAY BE ISSUED OR MAY PER' KCLUSIONS AND CONDITIONS OF SUCH P	JIREM ΓΑΙΝ,	IENT, THE II	TERM OR CONDITION OF AN NSURANCE AFFORDED BY T	IY CONT HE POL	RACT OR OTH	HER DOCUME! BED HEREIN I	NT WITH RESPECT TO WHI	CH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	rs	
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	1 OLIC I NOMBER		(WINDD/TTTT)	(WIWI/DD/TTTT)	EACH OCCURRENCE	\$	1,000,000
A	CLAIMS-MADE x OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
	92 132 22 32 00001	x		PHPK2522108		03/01/2023	03/01/2024	MED EXP (Any one person)	\$	0
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	3,000,000
	x POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	3,000,000
	OTHER:							TROBUCTO COMITTO TROC	\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED AUTOS AUTOS							BODILY INJURY (Per accident)	\$	
	HIRED AUTOS AUTOS NON-OWNED AUTOS AUTOS							PROPERTY DAMAGE (Per accident)	\$	
	AUTOS							(Fer accident)	\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$	1							\$	
	WORKERS COMPENSATION							PER OTH- STATUTE ER		
	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE  Y / N							E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	<u> </u>	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
	22001th Front Cr. Cr. 21th Horse Solot									
	RIPTION OF OPERATIONS/LOCATIONS/VEHICLE: itional insured listed below	•	ORD 10	1, Additional Remarks Schedule, m	ay be atta	iched if more spac	ce is required)			
CFI	RTIFICATE HOLDER				CANC	ELLATION				
	THE TOTAL					LLLATION				
	Idaho Ice World 7072 S. Eisenman Rd Boise, ID 83716				THE	EXPIRATION D ORDANCE WIT	PATE THEREOF	SCRIBED POLICIES BE CAN F, NOTICE WILL BE DELIVER Y PROVISIONS.		BEFORE
					AUTHOR	RIZED REPRESEN	HAHVE			
					David Murphy/DM David Murphy					



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	ne terms and conditions of the policy, co ertificate holder in lieu of such endorse			icies may require an endo	rsemer	nt. A stateme	ent on this ce	rtificate does not confer	rights to	o the
_	DUCER	IIICII	ι(3).		CONTAC	T David Mu	ırphy			
	acon Sports Insurance, LLC				PHONE	(978)	578-4775	FAX		
	Princes Pine Rd				(A/C, No E-MAIL	<sub>SS:</sub> Dave@bea				
	rwalk CT 06850				ADDRES					NAIC #
110.	twalk of 00050				INCLIDE			DING COVERAGE emnity Insurance Co	omnar	NAIC #
INSL	JRED				INSURE		erphira ind	emmicy insurance co	Jiipai	
Pov	wer Hockey LLC				INSURE					
	- 78 107th Ave				INSURE					
					INSURE					
A1:	legan MI 490	10			INSURE					
СО	VERAGES CER	TIFIC	ATE	NUMBER: CL17215003				REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIES OF NDICATED. NOTWITHSTANDING ANY REQU ERTIFICATE MAY BE ISSUED OR MAY PERT XCLUSIONS AND CONDITIONS OF SUCH PO	IREM AIN, OLICI	ENT, <sup>·</sup> THE II ES. LI	TERM OR CONDITION OF AN NSURANCE AFFORDED BY T	Y CONT	RACT OR OTH	HER DOCUMEN BED HEREIN I	NT WITH RESPECT TO WHIC	CH THIS	
INSR LTR			SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
	KX COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
A	CLAIMS-MADE x OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
		X		PHPK2522108		03/01/2023	03/01/2024	MED EXP (Any one person)	\$	0
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	3,000,000
	x POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	3,000,000
	OTHER:								\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$							LDED LOTH	\$	
	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)  If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLES	(ACC	ORD 10	1, Additional Remarks Schedule, m	ay be atta	ched if more space	ce is required)			
Ado	ditional insured listed below									
Hei	nderson Ice Facility Ops LLC,	sĸ	Tear	n LLC, Black Knight	Sport	s and Ent	ertainment	LLC		
CE	RTIFICATE HOLDER				CANC	ELLATION				
	Lifeguard Arena 222 S. Water St. Henderson, NV 89015				SHO THE ACC	ULD ANY OF T EXPIRATION D ORDANCE WIT	ATE THEREOF	SCRIBED POLICIES BE CAN F, NOTICE WILL BE DELIVER Y PROVISIONS.		BEFORE
					AUTHOR	RIZED REPRESEN	ITATIVE			
					David Murphy/DM					



DATE (MM/DD/YYYY) 2/24/2023

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	ertificate holder in lieu of such endorse		•	icles may require an emuc	/ Scilici	iii. A stateiiie	in on this ce	tillicate does not come	rigins t	o tile
PRO	DUCER				CONTAC NAME:	CT David M	urphy			
Bea	acon Sports Insurance, LLC				PHONE (A/C. No	o, Ext): (978)	578-4775	FAX (A/C, No):		
36	Princes Pine Rd				E-MAIL ADDRES	ss: Dave@bea	aconsports	ins.com		
No	walk CT 06850							DING COVERAGE		NAIC #
					INSURE	RA: Philade	elphia Ind	emnity Insurance C	ompar	
INSU	RED				INSURE	RB:				
Pov	ver Hockey LLC				INSURE	RC:				
41	78 107th Ave				INSURE	RD:				
					INSURE	RE:				
<b>A</b> 1:	egan MI 490	10			INSURE	RF:				
СО	VERAGES CER	TIFIC	ATE	NUMBER: CL17215003	10			REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIES OF IDICATED. NOTWITHSTANDING ANY REQU ERTIFICATE MAY BE ISSUED OR MAY PERT XCLUSIONS AND CONDITIONS OF SUCH PO	IREM AIN,	ENT, THE II	TERM OR CONDITION OF AN NSURANCE AFFORDED BY T	IY CONT HE POL	TRACT OR OTH LICIES DESCRI	HER DOCUME! BED HEREIN I	NT WITH RESPECT TO WHIC	CH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
A	CLAIMS-MADE x OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
		х		PHPK2522108		03/01/2023	03/01/2024	MED EXP (Any one person)	\$	0
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	3,000,000
	x POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	3,000,000
	OTHER:								\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED AUTOS AUTOS AUTOS							BODILY INJURY (Per accident)	\$	
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$ WORKERS COMPENSATION							PER   OTH-	\$	
	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) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$	
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLES	) (ACC	ORD 10	1. Additional Remarks Schedule m	av be atta	sched if more spar	ce is required)			
	ditional insured listed below	•								
CE	RTIFICATE HOLDER				CANO	ELLATION				
	M Health Fairview Sports 4125 Radio Dr. Woodbury, MN 55129	: Ce	nte	r	SHO THE	OULD ANY OF T	ATE THEREOF	SCRIBED POLICIES BE CAN F, NOTICE WILL BE DELIVER 7 PROVISIONS.		BEFORE
	MOOGDULY, MM 55129				AUTHO	RIZED REPRESEN	ITATIVE		1 .	
	1				David	l Murphy/DI	М	David N	lurphy	



DATE (MM/DD/YYYY) 2/24/2023

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A CLAIMS-MADE X OCCUR  X PHPK2522108  O3/01/2023  O3/01/2024  MED EXP (Any one person) \$  PERSONAL & ADV INJURY \$  GENERAL AGGREGATE LIMIT APPLIES PER:  GENERAL AGGREGATE \$	1,000,000 100,000									
Beacon Sports Insurance, LLC 36 Princes Pine Rd Norwalk CT 06850    NSURER A: Philadel phia Indemnity Insurance Compar	1,000,000									
Norwalk CT 06850  Norwalk CT 06850  NSURER A: Philadelphia Indemnity Insurance Compar  NSURED  NSURER B:  NSURER C:  NSURER C:  NSURER C:  NSURER E:  NSUR	1,000,000									
NOTWALK CT 06850    INSURER A : Philadelphia Indemnity Insurance Compar     INSURE A : Philadelphia Indemnity Insurance Compar     INSURE B :	1,000,000									
INSURER A: Philadelphia Indemnity Insurance Compar  INSURER B:  Power Hockey LLC  4178 107th Ave  INSURER C:  INSURER D:  INSURER E:  INSURER E:  INSURER E:  INSURER F:  COVERAGES  CERTIFICATE NUMBER: CL1721500310  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.  INSURER E:  INSURER D:										
POWER Hockey LLC  4178 107th Ave    INSURER C :										
Allegan MI 49010  COVERAGES  CERTIFICATE NUMBER: CL1721500310  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 HERRIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  INSIR  TYPE OF INSURANCE  ADDL SUBR (INSD WYD)  POLICY NUMBER  CLAIMS-MADE X OCCUR  X PHPK2522108  PADAMAGE TO RENTED PREMISES (Ea occurrence) \$  MED EXP (Any one person) \$  PERSONAL & ADV INJURY \$  GENERAL AGGREGATE LIMIT APPLIES PER:  X POLICY PRODUCTS - COMP/OP AGG \$  PRODUCTS - COMP/OP AGG \$										
Allegan MI 49010  COVERAGES  CERTIFICATE NUMBER: CL1721500310  REVISION NUMBER:  THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED 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.  INSURANCE  TYPE OF INSURANCE  ADDL SUBR POLICY EFF (MM/DD/YYYY) (MM/DD/YYYY)  A CLAIMS-MADE X OCCUR  X PHPK2522108  O3/01/2023  O3/01/2024  MED EXP (Any one person) \$  PERSONAL & ADV INJURY \$  GENERAL AGGREGATE LIMIT APPLIES PER:  X POLICY PRODUCTS - COMP/OP AGG \$										
Allegan MT 49010  INSURER F:  COVERAGES  CERTIFICATE NUMBER: CT.1721500310  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.  INST TYPE OF INSURANCE  ADDL SUBR POLICY NUMBER  ACCOMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  X PHPK2522108  PHPK2522108  PHPK2522108  PHPK2522108  PHPK2522108  PRODUCTS - COMP/OP AGG \$  PRODUCTS - COMP/OP AGG \$										
COVERAGES  CERTIFICATE NUMBER: CL1721500310  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.    NOT										
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.    INSURANCE   ADDI. SUBR   POLICY NUMBER   POLICY EFF (MM/DD/YYYY)   LIMITS										
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.    NSD										
LIMITS    XX   COMMERCIAL GENERAL LIABILITY   XX   CLAIMS-MADE   XX   OCCUR   XX   PHPK2522108   D3/01/2023   D3/01/2024   MED EXP (Any one person)   \$										
XX COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  X POLICY PROJECT LOC  EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$  O3/01/2023 O3/01/2024 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$  GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$  PRODUCTS - COMP/OP AGG \$										
A CLAIMS-MADE X OCCUR  X PHPK2522108  O3/01/2023  O3/01/2023  O3/01/2024  MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE LIMIT APPLIES PER:  X POLICY PROJECT LOC  PRODUCTS - COMP/OP AGG \$	100,000									
PHPK2522108  O3/01/2023  O3/01/2024  MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE LIMIT APPLIES PER:  X POLICY PROJECT LOC  PRODUCTS - COMP/OP AGG \$										
PERSONAL & ADV INJURY \$  GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY PRODUCTS - COMP/OP AGG \$  PRODUCTS - COMP/OP AGG \$	0									
GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY PRODUCTS - COMP/OP AGG \$	1,000,000									
X POLICY PRODUCTS - COMP/OP AGG \$	3,000,000									
	3,000,000									
AUTOMOBILE LIABILITY  COMBINED SINGLE LIMIT (Ea accident)										
ANY AUTO BODILY INJURY (Per person) \$										
ALL OWNED SCHEDULED BODILY IN ILIRY (Per accident) \$										
AUTOS AUTOS NON-OWNED HIRED AUTOS AUTOS PROPERTY DAMAGE (Per accident) \$										
TINCE ACTOS ACTOS \$										
UMBRELLA LIAB OCCUR EACH OCCURRENCE \$										
EXCESS LIAB CLAIMS-MADE AGGREGATE \$										
DED RETENTION \$										
WORKERS COMPENSATION PER OTH-										
ANY PROPRIETOR/PARTNER/EXECUTIVE \$										
OFFICER/MEMBER EXCLUDED?  (Mandatory in NH)    N/A										
If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$										
Section No. 10. Control Contro										
ESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) dditional insured listed below										
CERTIFICATE HOLDER CANCELLATION										
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  Maple Grove, MN 55369  AUTHORIZED REPRESENTATIVE	EFORE									
David Murphy/DM David Murphy										



DATE (MM/DD/YYYY) 2/24/2023

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	e terms and conditions of the policy, c ertificate holder in lieu of such endorse	ent on this ce	rtificate does not confer	rights t	o the					
_	DUCER	,,,,,	τ(ο).		CONTAC	T David M	ırphy			
	con Sports Insurance, LLC				NAME: PHONE	(978)	578-4775	FAX		
	Princes Pine Rd				(A/C, No E-MAIL	SS: Dave@bea		(A/C, No):		
	walk CT 06850				ADDRES					
NOI	walk CI 00050				INCLIDE			DING COVERAGE emnity Insurance Co	ompar	NAIC #
INSU	RED				INSURE		erpiira ina	CMMITCY IMPUTURES C	Jinpar	
Pov	er Hockey LLC				INSURE					
41	8 107th Ave				INSURE					
					INSURE					
<b>A</b> 1:	egan MI 490	10			INSURER F:					
СО	VERAGES CER	TIFIC	ATE	NUMBER: CL17215003	10			REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIES OF IDICATED. NOTWITHSTANDING ANY REQUENTIFICATE MAY BE ISSUED OR MAY PERT KCLUSIONS AND CONDITIONS OF SUCH PA	IIREM FAIN, OLICI	IENT, ' THE II ES. LI	TERM OR CONDITION OF AN NSURANCE AFFORDED BY T	IY CONT HE POL	RACT OR OTH ICIES DESCRI UCED BY PAID	HER DOCUMEN BED HEREIN I CLAIMS.	NT WITH RESPECT TO WHIC	CH THIS	
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
А	CLAIMS-MADE x OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
		x		PHPK2522108		03/01/2023	03/01/2024	MED EXP (Any one person)	\$	0
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	3,000,000
	x POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	3,000,000
	OTHER:								\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED AUTOS AUTOS							BODILY INJURY (Per accident)	\$	
	HIRED AUTOS AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$	
	AUTOS							(Fer accident)	\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$	İ						7.001.207.112	\$	
	WORKERS COMPENSATION							PER OTH- STATUTE ER	<u> </u>	
	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE  Y/N							E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
	DESCRIPTION OF OPERATIONS BEIOW							E.E. DIGEAGE - POLICY LIMIT	Ψ	
	CRIPTION OF OPERATIONS/LOCATIONS/VEHICLES Litional insured listed below	•	ORD 10	1, Additional Remarks Schedule, m	ay be atta	ched if more space	ce is required)			
CE	RTIFICATE HOLDER				CANC	ELLATION				
	McFarland Community Ice 4812 Marsh Rd McFarland, WI 53558	Are	ena		THE	EXPIRATION D	ATE THEREOF	SCRIBED POLICIES BE CAN F, NOTICE WILL BE DELIVER 7 PROVISIONS.		BEFORE
	in all and the state of the sta				AUTHOR	RIZED REPRESEN	ITATIVE			
					David Murphy/DM David Murphy					



DATE (MM/DD/YYYY) 2/24/2023

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	ne terms and conditions of the policy, c ertificate holder in lieu of such endorse		•	icies may require an endo	rsemer	nt. A stateme	ent on this ce	rtificate does not confer	rights t	o the
PRO	DUCER		` '		CONTAC NAME:	CT David M	urphy			
Веа	acon Sports Insurance, LLC				PHONE	, Ext): (978)	578-4775	FAX (A/C, No):		
36	Princes Pine Rd				E-MAIL	SS: Dave@be	aconsports			
Noi	rwalk CT 06850				ADDITE			DING COVERAGE		NAIC #
					INSURE			emnity Insurance Co	ompar	
INSU	RED				INSURE	RB:				
Pov	wer Hockey LLC				INSURE	RC:				
417	78 107th Ave				INSURE	RD:				
					INSURE	RE:				
Al]	Legan MI 490	10			INSURE	RF:				
				NUMBER: CL17215003				REVISION NUMBER:		
IN C	IDICATED. NOTWITHSTANDING ANY REQU	IREM AIN, OLICI	IENT, ' THE II ES. LI	TERM OR CONDITION OF AN NSURANCE AFFORDED BY T	E BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, E 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)	LIMIT	S	
	KX COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
A	CLAIMS-MADE <b>x</b> OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
		Х		PHPK2522108		03/01/2023	03/01/2024	MED EXP (Any one person)	\$	0
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	3,000,000
	x POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	3,000,000
	OTHER:								\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED AUTOS AUTOS							BODILY INJURY (Per accident)	\$	
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$							DED LOTH	\$	
	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)  If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$	
	DÉSCRIPTION OF OPERATIONS below		-					E.L. DISEASE - POLICY LIMIT	\$	
	CRIPTION OF OPERATIONS/LOCATIONS/VEHICLES ditional insured listed below	S (ACC	DRD 10	1, Additional Remarks Schedule, m	ay be atta	ached if more space	ce is required)			
CE	RTIFICATE HOLDER				CANC	ELLATION				
	NoCo Ice Center 7900 S COUNTY ROAD 5 Fort Collins, CO 80528				THE	EXPIRATION D ORDANCE WIT	PATE THEREOF	SCRIBED POLICIES BE CAN F, NOTICE WILL BE DELIVER Y PROVISIONS.		BEFORE
					AUTHOR	RIZED REPRESEN	HALIVE			
					David	l Murphy/DI	M	David N	lurphy	



DATE (MM/DD/YYYY) 2/24/2023

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	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  CONTACT David Murphy											
PRO	DUCE	R			` '		CONTAC NAME:	CT David Mu	urphy			
Bea	con	Sports Insura	nce, LLC				PHONE (A/C, No	(978)	578-4775	FAX (A/C, No):		
36	Pri	nces Pine Rd					E-MAIL	<sub>SS:</sub> Dave@bea	aconsports	ins.com		
Nor	wal	k CT 06850					ADDICE			DING COVERAGE		NAIC #
							INSURE			emnity Insurance C	ompar	
INSU	RED						INSURE					
Pov	ær	Hockey LLC					INSURER C:					
		.07th Ave					INSURER D :					
							INSURE					
A13	.ega	ın	MI 490	10			INSURE					
	_	AGES	CER	TIFIC	ATE	NUMBER: CL17215003		кт.		REVISION NUMBER:		
IN C E	IDIC <i>I</i> ERTI	ATED. NOTWITHSTAN FICATE MAY BE ISSUE	HE POLICIES OF DING ANY REQU ED OR MAY PERT ONS OF SUCH PO	INSU IIREM TAIN, OLICI	IRANC IENT, THE II ES. LI	CE LISTED BELOW HAVE BEI TERM OR CONDITION OF AN NSURANCE AFFORDED BY T MITS SHOWN MAY HAVE BE	EN ISSU IY CONT 'HE POL	TRACT OR OTH ICIES DESCRI UCED BY PAID	HER DOCUMEN BED HEREIN I CLAIMS.	NT WITH RESPECT TO WHI	CH THIS	
insr Ltr		TYPE OF INSURA	NCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	ХX	COMMERCIAL GENERAL	LIABILITY							EACH OCCURRENCE	\$	1,000,000
A		CLAIMS-MADE 2	CCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
				х		PHPK2522108		03/01/2023	03/01/2024	MED EXP (Any one person)	\$	0
										PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APP	LIES PER:							GENERAL AGGREGATE	\$	3,000,000
	x	POLICY PRO- JECT	LOC							PRODUCTS - COMP/OP AGG	\$	3,000,000
		OTHER:									\$	
	AUT	TOMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)	\$	
		ANY AUTO								BODILY INJURY (Per person)	\$	
			SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
		1	NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$	
			7.0100							( C C C C C C C C C C C C C C C C C C C	\$	
		UMBRELLA LIAB	OCCUR							EACH OCCURRENCE	\$	
		EXCESS LIAB	CLAIMS-MADE							AGGREGATE	\$	
		DED RETENTION	1 \$								\$	
		RKERS COMPENSATION	·							PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EX		<i>.</i> .						E.L. EACH ACCIDENT	\$	
		ICER/MEMBER EXCLUDED?	· Ш	N/A						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes	s, describe under CRIPTION OF OPERATION	S below							E.L. DISEASE - POLICY LIMIT	\$	
DES	CRIPT	TION OF OPERATIONS / LOG	CATIONS / VEHICLES	S (ACC	DRD 10	  1, Additional Remarks Schedule, m	ay be atta	ched if more space	ce is required)			
Add	liti	onal insured l	isted below									
CE	RTIF	FICATE HOLDER					CANC	ELLATION				
	2	Jorth Shore Ic	Dr.				THE	EXPIRATION D	ATE THEREOF	SCRIBED POLICIES BE CAN F, NOTICE WILL BE DELIVER F PROVISIONS.		BEFORE
	IV	orthbrook, IL	1 00002				AUTHOR	RIZED REPRESEN	ITATIVE			
							David	l Murphy/Di	М	David N	lurphy	



DATE (MM/DD/YYYY) 2/24/2023

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.

	ertificate holder in lieu of such endorse		•	icles may require an endo	/ Scilici	ii. A stateiiie	in on this ce	itilicate does not comer	rigins i	o tile
PRO	DUCER				CONTAC NAME:	T David M	urphy			
Bea	acon Sports Insurance, LLC				PHONE (A/C. No	, Ext): (978)	578-4775	FAX (A/C, No):		
36	Princes Pine Rd				E-MAIL ADDRES	ss: Dave@be	aconsports	sins.com		
No	walk CT 06850							DING COVERAGE		NAIC #
					INSURE	RA: Philade	elphia Ind	emnity Insurance C	ompar	
INSU	RED				INSURE	RB:				
Pov	ver Hockey LLC				INSURE	RC:				
41	78 107th Ave				INSURE	RD:				
					INSURE	RE:				
<b>A</b> 1:	egan MI 490	10			INSURE	RF:				
СО	VERAGES CER	TIFIC	ATE	NUMBER: CL17215003	10			REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIES OF IDICATED. NOTWITHSTANDING ANY REQU ERTIFICATE MAY BE ISSUED OR MAY PERT XCLUSIONS AND CONDITIONS OF SUCH PO	IREM AIN,	ENT, THE II	TERM OR CONDITION OF AN NSURANCE AFFORDED BY T	IY CONT HE POL	TRACT OR OTH LICIES DESCRI	HER DOCUMEN BED HEREIN I	NT WITH RESPECT TO WHI	CH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
A	CLAIMS-MADE <b>x</b> OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
		х		PHPK2522108		03/01/2023	03/01/2024	MED EXP (Any one person)	\$	0
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	3,000,000
	x POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	3,000,000
	OTHER:								\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED AUTOS AUTOS AUTOS							BODILY INJURY (Per accident)	\$	
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$ WORKERS COMPENSATION							PER   OTH-	\$	
	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) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$	
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
<u> </u>			<u> </u>							
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLES	S (ACC	10 טאנ	1, Additional Kemarks Schedule, m	ay be atta	icned if more spa	ce is required)			
CE	RTIFICATE HOLDER				CANC	ELLATION				
	OBM Arena Out of the Box Enterpris 15381 Royalton Rd	ses			THE ACC	EXPIRATION DE CORDANCE WIT	PATE THEREOF	SCRIBED POLICIES BE CAN F, NOTICE WILL BE DELIVER Y PROVISIONS.		BEFORE
	Strongsville, OH 44136				AUTHO	RIZED REPRESEN	ITATIVE		1 -	
	1				David	l Murphy/Di	М	David N	lurphy	



DATE (MM/DD/YYYY) 2/24/2023

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	ne terms and conditions of the policy, ertificate holder in lieu of such endors		•	icies may require an endo	re an endorsement. A statement on this certificate does not confer rights to t						
PRO	DUCER		` '		CONTAC NAME:	T David M	urphy				
Веа	acon Sports Insurance, LLC					, Ext): (978)	578-4775	FAX (A/C, No):			
36	Princes Pine Rd				E-MAIL ADDRES	SS: Dave@bea	aconsports				
Nor	rwalk CT 06850							DING COVERAGE		NAIC #	
					INSURE			emnity Insurance Co	ompar		
INSU	JRED				INSURE	RB:					
Pov	wer Hockey LLC				INSURE	RC:					
417	78 107th Ave				INSURE	RD:					
					INSURER E :						
All	legan MI 49	010			INSURER F:						
				NUMBER: CL17215003				REVISION NUMBER:			
IN C	NDICATED. NOTWITHSTANDING ANY REQ	JIREN TAIN,	IENT, THE II	TERM OR CONDITION OF AN NSURANCE AFFORDED BY T	BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD F ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS,						
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	 3		
	KX COMMERCIAL GENERAL LIABILITY	IIIOD				(	(11111111111111111111111111111111111111	EACH OCCURRENCE	\$	1,000,000	
А	CLAIMS-MADE x OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
		x		PHPK2522108		03/01/2023	03/01/2024	MED EXP (Any one person)	\$	0	
								PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	3,000,000	
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	3,000,000	
	OTHER:								\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	ALL OWNED SCHEDULED AUTOS AUTOS							BODILY INJURY (Per accident)	\$		
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE	1						AGGREGATE	\$		
	DED RETENTION \$							Last.	\$		
	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) If yes, describe under	1						E.L. DISEASE - EA EMPLOYEE	\$		
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Additional insured listed below											
CERTIFICATE HOLDER CANCELLATION											
	O'Malley Sports Center 11111 O'Malley Center D Anchorage, AK 99515	r			THE	EXPIRATION D	ATE THEREOF	SCRIBED POLICIES BE CAN F, NOTICE WILL BE DELIVER 7 PROVISIONS.		BEFORE	
								- 0.0	1 1		
					David	Murphy/DI	M	David N	lurphy		



DATE (MM/DD/YYYY) 2/24/2023

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				of the policy, of such endorse		•	icies may require an endo	rseme	nt. A stateme	ent on this ce	rtificate does no	t confer	rights to	o the
PRC	DUCER					`,		CONTAC NAME:	T David Mu	urphy				
Ве	acon S	Sports Ins	ura	nce, LLC				PHONE (A/C, No	(978)	 578-4775		FAX (A/C, No):		
36	Princ	ces Pine R	d					E-MAIL	SS: Dave@bea	aconsports	ins.com	_(A/C, NO).		
No:	rwalk	CT 06850						ADDRES			DING COVERAGE			NAIC #
								INSURE		. ,	emnity Insur	ance Co	mpar	IVAIO #
INS	JRED							INSURE	RB:					
Po	wer Ho	ockey LLC						INSURE	RC:					
41	78 107	7th Ave						INSURER D:						
								INSURER E :						
Al.	legan			MI 490	10			INSURER F:						
CC	VERAG	GES		CER	TIFIC	ATE	NUMBER: CL17215003	10			REVISION NUM	IBER:	•	
II C	NDICATE ERTIFIC	ED. NOTWITHS	STAN SSUE	IDING ANY REQU ED OR MAY PER	JIREM TAIN, OLICI	IENT, ' THE II ES. LI	TERM OR CONDITION OF AN NSURANCE AFFORDED BY T MITS SHOWN MAY HAVE BE	LOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POI NDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO FFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THI I MAY HAVE BEEN REDUCED BY PAID CLAIMS.				TO WHIC	H THIS	
INSR LTR	1	TYPE OF IN	ISURA	NCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	3	
		OMMERCIAL GEN	NERAL	LIABILITY							EACH OCCURRENCE		\$	1,000,000
А		CLAIMS-MADE	E [:	OCCUR							DAMAGE TO RENTEL PREMISES (Ea occul	D rrence)	\$	100,000
		_		_	x		PHPK2522108		03/01/2023	03/01/2024	MED EXP (Any one p		\$	0
											PERSONAL & ADV II	NJURY	\$	1,000,000
	GEN'L A	AGGREGATE LIMI	TAPF	PLIES PER:							GENERAL AGGREGA	ATE	\$	3,000,000
	<b>x</b> PC	OLICY PROJECT	O- CT	LOC							PRODUCTS - COMP/	OP AGG	\$	3,000,000
	0	THER:											\$	
	AUTOM	OBILE LIABILITY									COMBINED SINGLE L (Ea accident)	LIMIT	\$	
		NY AUTO									BODILY INJURY (Per	r person)	\$	
		LL OWNED UTOS		SCHEDULED AUTOS							BODILY INJURY (Per		\$	
	н	IRED AUTOS		NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)		\$	
	$\perp \perp$												\$	
	U	MBRELLA LIAB		OCCUR							EACH OCCURRENCE	E	\$	
	E	XCESS LIAB		CLAIMS-MADE							AGGREGATE		\$	
		ED RETE		۱\$							l pen		\$	
		RS COMPENSATI		Y/N							PER STATUTE	OTH- ER		
		OPRIETOR/PARTN R/MEMBER EXCLU		XECUTIVE	N/A						E.L. EACH ACCIDEN	IT	\$	
	(Mandat	tory in NH) lescribe under									E.L. DISEASE - EA EN	MPLOYEE	\$	
	DESCRI	IPTION OF OPERA	ATION	IS below							E.L. DISEASE - POLIC	CY LIMIT	\$	
				CATIONS/VEHICLE isted below	•	ORD 10	1, Additional Remarks Schedule, m	ay be atta	ched if more spac	ce is required)				
CE	RTIFIC	ATE HOLDE	R					CANC	ELLATION					
	255	alaska Om 5 Riders alaska, W	Clu	ıb Road				THE ACC	EXPIRATION D ORDANCE WIT	OATE THEREOF	SCRIBED POLICIES F, NOTICE WILL BE Y PROVISIONS.			BEFORE
		•						AUTHOR	RIZED REPRESEN	ITATIVE				
								David	Murphy/Di	۷ī	-	David M	urphy	



DATE (MM/DD/YYYY) 2/24/2023

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	e terms and conditions of the policy, c ertificate holder in lieu of such endorse			icies may require an endo	an endorsement. A statement on this certificate does not confer rights to the						
_	DUCER	,,,,,	τ(ο).		CONTAC	OT David M	urphy				
	con Sports Insurance, LLC				NAME: PHONE	(978)	578-4775	FAX			
	Princes Pine Rd				(A/C, No E-MAIL	<sub>SS:</sub> Dave@bea		(A/C, No):			
	walk CT 06850				ADDRES						
NOI	walk CI 00050				INCLIDE			DING COVERAGE emnity Insurance Co	omnar	NAIC #	
INSU	RED				INSURE		orphia ina	chartey impurumee co	Jinpar		
Pow	er Hockey LLC				INSURE						
417	8 107th Ave				INSURE						
					INSURER E :						
All	egan MI 490	10			INSURER F:						
CO	/ERAGES CER	TIFIC	ATE	NUMBER: CL17215003	10			REVISION NUMBER:			
IN CE	HIS IS TO CERTIFY THAT THE POLICIES OF DICATED. NOTWITHSTANDING ANY REQU ERTIFICATE MAY BE ISSUED OR MAY PERT ICLUSIONS AND CONDITIONS OF SUCH P	IIREM TAIN, <sup>*</sup> OLICI	IENT, ' THE II ES. LI	TERM OR CONDITION OF AN NSURANCE AFFORDED BY T	IY CONT HE POL	TRACT OR OTH ICIES DESCRI UCED BY PAID	HER DOCUME! BED HEREIN I CLAIMS.	NT WITH RESPECT TO WHIC	CH THIS		
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000	
A	CLAIMS-MADE x OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
		x		PHPK2522108		03/01/2023	03/01/2024	MED EXP (Any one person)	\$	0	
								PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	3,000,000	
	x POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	3,000,000	
	OTHER:								\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	ALL OWNED SCHEDULED							BODILY INJURY (Per accident)	\$		
	AUTOS AUTOS NON-OWNED AUTOS AUTOS							PROPERTY DAMAGE	\$		
	HIRED AUTOS AUTOS							(Per accident)	\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	OLANVIO-IVIABLE							AGGREGATE	\$		
	DED RETENTION \$ WORKERS COMPENSATION							PER OTH-	Φ		
	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE  Y / N							STATUTE ER	•		
	OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH)  If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$		
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Additional insured listed below											
CERTIFICATE HOLDER CANCELLATION											
	Patterson Ice Arena 2550 Patterson Ave. S.E. Grand Rapids, MI 49546				SHO THE ACC	ULD ANY OF T EXPIRATION D	PATE THEREOF	SCRIBED POLICIES BE CAN F, NOTICE WILL BE DELIVER Y PROVISIONS.		BEFORE	
								- n:	l i.		
	I				David	l Murphy/DI	M	David N	lurphy		



DATE (MM/DD/YYYY) 2/24/2023

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	e terms and conditions of the policy, c ertificate holder in lieu of such endorse			icies may require an endo	uire an endorsement. A statement on this certificate does not confer rights to th					
_	DUCER		ι(ο).		CONTAC	T David Mu	ırphy			
	con Sports Insurance, LLC				NAME: PHONE	(978)	578-4775	FAX		
	Princes Pine Rd				(A/C, No E-MAIL	<sub>SS:</sub> Dave@bea		(A/C, No):		
	walk CT 06850				ADDRES					
NOI	walk CI 00050				INCLIDE			DING COVERAGE emnity Insurance Co	omnar	NAIC #
INSU	RED				INSURE		erpiira ina	camine instrument co	Jupai	
Pov	er Hockey LLC				INSURE					
417	8 107th Ave				INSURE					
					INSURER E:					
Al]	egan MI 490	10			INSURER F:					
СО	VERAGES CER	TIFIC	ATE	NUMBER: CL17215003	10			REVISION NUMBER:		
IN C	IDICATED. NOTWITHSTANDING ANY REQUESTIFICATE MAY BE ISSUED OR MAY PERT CLUSIONS AND CONDITIONS OF SUCH PO	IREM AIN, OLICI	ENT, <sup>·</sup> THE II ES. LI	TERM OR CONDITION OF AN NSURANCE AFFORDED BY T	EBEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EBEEN REDUCED BY PAID CLAIMS.					
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
A	CLAIMS-MADE x OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
		х		PHPK2522108		03/01/2023	03/01/2024	MED EXP (Any one person)	\$	0
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	3,000,000
	x POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	3,000,000
	OTHER:								\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED							BODILY INJURY (Per accident)	\$	
	AUTOS AUTOS NON-OWNED AUTOS AUTOS							PROPERTY DAMAGE	\$	
	HIRED AUTOS AUTOS							(Per accident)	\$	
	UMBRELLA LIAB OCCUP							EACH OCCURRENCE	\$	
	EXCESS LIAB OCCUR CLAIMS-MADE							AGGREGATE	\$	
	OLANVIO-IVIABL							AGGREGATE	\$	
	DED RETENTION \$ WORKERS COMPENSATION							PER OTH-	ψ.	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							STATUTE ER	•	
	OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH)  If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$	
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Additional insured listed below										
CERTIFICATE HOLDER CANCELLATION										
	THI IOAIL HOLDER				CANC	LLLATION				
	Pepsi Ice Center 201 S. Roosevelt Ave. Bloomington, IL 61701				THE	EXPIRATION D	ATE THEREOF	SCRIBED POLICIES BE CAN F, NOTICE WILL BE DELIVER PROVISIONS.		BEFORE
	3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -				AUTHOR	RIZED REPRESEN	ITATIVE			
	ı				David Murphy/DM David Murphy					



DATE (MM/DD/YYYY) 2/24/2023

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	the terms and conditions of the policy, certificate holder in lieu of such endors		•	icies may require an endo	rseme	nt. A stateme	ent on this ce	rtificate does not confer	rights t	o the
PRC	ODUCER				CONTAC NAME:	T David Mu	urphy			
Ве	acon Sports Insurance, LLC				PHONE	(978)	578 <b>-4</b> 775	FAX (A/C, No):		
36	Princes Pine Rd				E-MAIL	SS: Dave@bea	aconsports	ins.com		
No	rwalk CT 06850				ADDRES			DING COVERAGE		NAIC #
					INSURE		. ,	emnity Insurance C	ompar	NAIC #
INS	URED				INSURE	RB:				
Po	wer Hockey LLC				INSURE	RC:				
41	78 107th Ave				INSURE					
					INSURE					
Al.	legan MI 49	010			INSURE					
CC	OVERAGES CEF	TIFIC	CATE	NUMBER: CL17215003				REVISION NUMBER:		
II C	NDICATED. NOTWITHSTANDING ANY REQ CERTIFICATE MAY BE ISSUED OR MAY PER EXCLUSIONS AND CONDITIONS OF SUCH F	JIREM TAIN, POLICI	IENT, THE II IES. LI	TERM OR CONDITION OF AN NSURANCE AFFORDED BY T IMITS SHOWN MAY HAVE BE	LOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE F NDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RI FORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT MAY HAVE BEEN REDUCED BY PAID CLAIMS.			NT WITH RESPECT TO WHI	CH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	rs	
	KX COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
А	CLAIMS-MADE x OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
		x		PHPK2522108		03/01/2023	03/01/2024	MED EXP (Any one person)	\$	0
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	3,000,000
	x POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	3,000,000
	OTHER:								\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED AUTOS AUTOS							BODILY INJURY (Per accident)	\$	
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$	
	AUTOS							(i ei accident)	\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$	1							\$	
	WORKERS COMPENSATION							PER OTH- STATUTE ER		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	1 l						E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
	SCRIPTION OF OPERATIONS/LOCATIONS/VEHICLE ditional insured listed below	•	ORD 10	1, Additional Remarks Schedule, m	ay be atta	ched if more space	ce is required)			
CE	ERTIFICATE HOLDER				CANC	ELLATION				
OLIVIII IOATE HOLDER										
	Plymouth Ice Center 3650 Plymouth Blvd Plymouth, MN 55446				THE	EXPIRATION D	ATE THEREOF	SCRIBED POLICIES BE CAI F, NOTICE WILL BE DELIVER / PROVISIONS.		BEFORE
					AUTHOR	RIZED REPRESEN	ITATIVE			
					David	Murphy/Di	٧ī	David	Murphy	



DATE (MM/DD/YYYY) 2/24/2023

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	ne terms and conditions of the policy, c ertificate holder in lieu of such endorse		•	icies may require an endo	equire an endorsement. A statement on this certificate does not confer rights to					
PRO	DUCER		` '		CONTAC NAME:	CT David M	urphy			
Веа	acon Sports Insurance, LLC				PHONE (A/C. No.	, Ext): (978)	578-4775	FAX (A/C, No):		
36	Princes Pine Rd				E-MAIL ADDRES	SS: Dave@be	aconsports			
Nor	rwalk CT 06850							DING COVERAGE		NAIC #
					INSURE			emnity Insurance Co	ompar	
INSU	IRED				INSURE	RB:				
Pov	ver Hockey LLC				INSURE	RC:				
417	78 107th Ave				INSURE	RD:				
					INSURER E:					
All	legan MI 490	10			INSURER F:					
				NUMBER:CL17215003				REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIES OF IDICATED. NOTWITHSTANDING ANY REQU ERTIFICATE MAY BE ISSUED OR MAY PERT XCLUSIONS AND CONDITIONS OF SUCH PO	IREM AIN,	ENT, THE II	TERM OR CONDITION OF AN NSURANCE AFFORDED BY T	Y CONT	TRACT OR OTH ICIES DESCRI	HER DOCUME! BED HEREIN I	NT WITH RESPECT TO WHIC	CH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	 3	
	KX COMMERCIAL GENERAL LIABILITY	IIIOD	1112			(	(	EACH OCCURRENCE	\$	1,000,000
А	CLAIMS-MADE x OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
		x		PHPK2522108		03/01/2023	03/01/2024	MED EXP (Any one person)	\$	0
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	3,000,000
	x POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	3,000,000
	OTHER:								\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$							Last.	\$	
	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)  If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
	CRIPTION OF OPERATIONS/LOCATIONS/VEHICLES ditional insured listed below	S (ACC	DRD 10	1, Additional Remarks Schedule, m	ay be atta	ached if more space	ce is required)			
CE	RTIFICATE HOLDER				CANC	ELLATION				
	Rocket Ice Arena 180 Canterbury Lane Bolingbrook, IL 60440				THE ACC	EXPIRATION D ORDANCE WIT	OATE THEREOF	SCRIBED POLICIES BE CAN F, NOTICE WILL BE DELIVER I PROVISIONS.		BEFORE
					AUTHOR	RIZED REPRESEN	IIATIVE			
					David	l Murphy/Di	М	David N	lurphy	



DATE (MM/DD/YYYY) 2/24/2023

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		rms and condition cate holder in lieu				•	icies may require an endo	rsemer	nt. A stateme	ent on this ce	rtificate does not confer	rights t	o the	
PRO	DUCE	R				`,		CONTAC NAME:	T David Mu	ırphy				
Bea	con	Sports Insur	an	ce, LLC				PHONE (A/C, No	Evt). (978)	578-4775	FAX (A/C, No):			
36	Pri	nces Pine Rd						E-MAIL	SS: Dave@bea	aconsports	ins.com			
Nor	wal	k CT 06850						ADDICE			DING COVERAGE		NAIC #	
								INSURER A: Philadelphia Indemnity Insurance Compar						
INSU	RED							INSURER B:						
Pov	ær	Hockey LLC						INSURER C:						
		.07th Ave												
								INSURER D :						
A1]	.ega	ın		MI 490	10			INSURER E : INSURER F :						
	_	AGES		CER	TIFIC	ATE	NUMBER: CL17215003		кт.		REVISION NUMBER:			
IN C E	THIS IS TO CERTIFY THAT THE POLICIES OF INSUINDICATED. NOTWITHSTANDING ANY REQUIREM CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, EXCLUSIONS AND CONDITIONS OF SUCH POLICI					IRANC IENT, THE IN ES. LI	CE LISTED BELOW HAVE BEI TERM OR CONDITION OF AN NSURANCE AFFORDED BY T MITS SHOWN MAY HAVE BE	EN ISSU IY CONT 'HE POL	RACT OR OTH ICIES DESCRI UCED BY PAID	HER DOCUMEN BED HEREIN I CLAIMS.	NT WITH RESPECT TO WHIC	CH THIS		
INSR LTR		TYPE OF INSU	RAN	ICE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	ХX	COMMERCIAL GENER	RAL	LIABILITY							EACH OCCURRENCE	\$	1,000,000	
A		CLAIMS-MADE	x	OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
					x	PHPK2522108	PHPK2522108		03/01/2023	03/01/2024	MED EXP (Any one person)	\$	0	
											PERSONAL & ADV INJURY	\$	1,000,000	
	GEN	N'L AGGREGATE LIMIT AI	PPL	IES PER:							GENERAL AGGREGATE	\$	3,000,000	
	x	POLICY PRO- JECT	ſ	LOC							PRODUCTS - COMP/OP AGG	\$	3,000,000	
		OTHER:										\$		
	AUT	TOMOBILE LIABILITY									COMBINED SINGLE LIMIT (Ea accident)	\$		
		ANY AUTO									BODILY INJURY (Per person)	\$		
		ALL OWNED AUTOS		CHEDULED UTOS							BODILY INJURY (Per accident)	\$		
		HIRED AUTOS	□ N	ION-OWNED UTOS							PROPERTY DAMAGE (Per accident)	\$		
			7	.0.00							,	\$		
		UMBRELLA LIAB		OCCUR							EACH OCCURRENCE	\$		
		EXCESS LIAB		CLAIMS-MADE							AGGREGATE	\$		
		DED RETENTION	ION	\$								\$		
		RKERS COMPENSATION EMPLOYERS' LIABILITY									PER OTH- STATUTE ER			
	ANY	PROPRIETOR/PARTNER/	/EXE	ECUTIVE Y/N	N/A						E.L. EACH ACCIDENT	\$		
	(Mar	ICER/MEMBER EXCLUDE ndatory in NH)	ED?		N/A						E.L. DISEASE - EA EMPLOYEE	\$		
	If yes	s, describe under CRIPTION OF OPERATIO	ONS	below							E.L. DISEASE - POLICY LIMIT	\$		
		ON OF OPERATIONS / Lonal insured			•	ORD 10	1, Additional Remarks Schedule, m	ay be atta	ched if more spac	ce is required)				
CF	RTIF	ICATE HOLDER						CANC	ELLATION					
02.	Saginaw Bay Ice Arena 6129 Bay Rd.							SHO THE	ULD ANY OF T EXPIRATION D	ATE THEREOF	SCRIBED POLICIES BE CAN , NOTICE WILL BE DELIVER PROVISIONS.		BEFORE	
	5	Saginaw, MI	±0	5004				AUTHOR	RIZED REPRESEN	ITATIVE				
								David Murphy/DM David Murphy						



DATE (MM/DD/YYYY) 2/24/2023

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	e terms and conditions of the policy, c ertificate holder in lieu of such endorse		-	icies may require an endo			ent on this ce	rtificate does not confer	rights t	o tne
PRO	DUCER				CONTAC NAME:	T David M	urphy			
Bea	con Sports Insurance, LLC				PHONE (A/C, No	(070)	578-4775	FAX (A/C, No):		
36	Princes Pine Rd				E-MAIL ADDRES	Ss: Dave@be	aconsports			
Nor	walk CT 06850							DING COVERAGE		NAIC #
					INSURE					
INSU	RED				INSURE		_	-	_	
Pow	er Hockey LLC				INSURE					
417	8 107th Ave				INSURE					
					INSURE					
A11	egan MI 490	10			INSURE					
CO	VERAGES CER	TIFIC	CATE	NUMBER:CL17215003	`			REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIES OF DICATED. NOTWITHSTANDING ANY REQUENTIFICATE MAY BE ISSUED OR MAY PERT CLUSIONS AND CONDITIONS OF SUCH PORTIONS OF SUCH PORTIONS	IREM AIN,	IENT, THE II	TERM OR CONDITION OF AN NSURANCE AFFORDED BY T	Y CONT HE POL	RACT OR OTH	HER DOCUME! BED HEREIN I	NT WITH RESPECT TO WHI	CH THIS	
INSR LTR		ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	'S	
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	1 OLIC I NOMBER		(WINDD/TTTT)	(WIWI/DD/TTTT)	EACH OCCURRENCE	\$	1,000,000
A	CLAIMS-MADE x OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
	92 92 90001.	х		PHPK2522108		03/01/2023	03/01/2024	MED EXP (Any one person)	\$	0
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	3,000,000
	x POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	3,000,000
	OTHER:							TROBUCTO COMITTOT ACC	\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED AUTOS AUTOS							BODILY INJURY (Per accident)	\$	
	HIRED AUTOS AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$	
	AUTOS							(Fer accident)	\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$								\$	
	WORKERS COMPENSATION							PER OTH- STATUTE ER		
	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE  Y / N							E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
	Programment of the Englishment States									
	RIPTION OF OPERATIONS/LOCATIONS/VEHICLES	S (ACC	ORD 10	1, Additional Remarks Schedule, m	ay be atta	ched if more spac	ce is required)			
CE	OTIFICATE HOLDED				CANC	SELL ATION				
CEI	RTIFICATE HOLDER				CANC	ELLATION				
	Scheels IcePlex 4300 N. Bobhalla Dr. Sioux Falls, SD 57107				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
					AUTHOR	RIZED REPRESEN	IIATIVE			
					David Murphy/DM					



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		rms and conditions				•	icies may require an endo	rseme	nt. A stateme	ent on this ce	rtificate does not confer	rights t	o the	
PRO	DUCE	R						CONTAC NAME:	CT David M	urphy				
Bea	cor	n Sports Insura	anc	ce, LLC				PHONE (A/C, No	(070)	578-4775	FAX (A/C, No):			
		nces Pine Rd		•				E-MAIL	<sub>SS:</sub> Dave@bea		ins.com			
		k CT 06850						ADDRES					NAIC #	
1101	waı	. CI 00050						INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Philadelphia Indemnity Insurance Compar						
INSU	PED									eipnia ind	emnity insurance Co	ompar		
		Hockey LLC						INSURER B:						
		107th Ave						INSURER C:						
41,	0 1	107CH AVE						INSURER D:						
211				MI 490	10			INSURER E:						
	ega					· ATE	NUMBER 01 1721 E002	INSURE	RF:		DEVICION NUMBER.			
		AGES	TUE				NUMBER: CL17215003 CE LISTED BELOW HAVE BEE		IED TO THE IN		REVISION NUMBER:	DEDIOD		
							TERM OR CONDITION OF AN							
С	ERTI	FICATE MAY BE ISSU	JED	OR MAY PERT	ΓAIN, Έ	THE	NSURANCE AFFORDED BY T	HE POL	ICIES DESCRI	BED HEREIN I				
E. INSR	XCLL	JSIONS AND CONDIT	ΓΙΟΝ	NS OF SUCH P		ES. LI SUBR	MITS SHOWN MAY HAVE BE	EN RED	UCED BY PAID POLICY EFF	POLICY EXP				
LTR		TYPE OF INSUR			INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	s		
	ХX	COMMERCIAL GENERA	AL L	IABILITY							EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000	
A		CLAIMS-MADE	x	OCCUR							PREMISES (Ea occurrence)	\$	100,000	
					x	PHPK2522108		03/01/2023	03/01/2024	MED EXP (Any one person)	\$	0		
											PERSONAL & ADV INJURY	\$	1,000,000	
	GEN	N'L AGGREGATE LIMIT AP	PPLIE	ES PER:							GENERAL AGGREGATE	\$	3,000,000	
	x	POLICY PRO- JECT		LOC							PRODUCTS - COMP/OP AGG	\$	3,000,000	
		OTHER:										\$		
	AUT	TOMOBILE LIABILITY									COMBINED SINGLE LIMIT (Ea accident)	\$		
		ANY AUTO									BODILY INJURY (Per person)	\$		
		ALL OWNED AUTOS		CHEDULED JTOS							BODILY INJURY (Per accident)	\$		
		HIRED AUTOS	NO	ON-OWNED JTOS							PROPERTY DAMAGE (Per accident)	\$		
			7^	5103							(i ci doddont)	\$		
		UMBRELLA LIAB		OCCUR							EACH OCCURRENCE	\$		
		EXCESS LIAB		CLAIMS-MADE							AGGREGATE	\$		
		DED RETENTIO	א ואר	_	1							\$		
		RKERS COMPENSATION		<u> </u>							PER OTH- STATUTE ER	Ψ		
	1	PROPRIETOR/PARTNER/E		CLITIVE Y/N							E.L. EACH ACCIDENT	\$		
	OFF	ICER/MEMBER EXCLUDED			N/A						E.L. DISEASE - EA EMPLOYEE	\$		
	If ve	s, describe under CRIPTION OF OPERATION	NIC F	n alour							E.L. DISEASE - POLICY LIMIT	\$		
	DES	CRIPTION OF OPERATION	JINS	Delow							L.L. DISLASE - FOLICT LIMIT	Ψ		
		ON OF OPERATIONS / LODAL insured l			•	DRD 10	l 1, Additional Remarks Schedule, m	ay be atta	ached if more space	ce is required)				
CE	RTIF	ICATE HOLDER						CANC	ELLATION					
	Schwans Super Rink 1850 105th Ave. NE Blaine, MN 55449					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.								
								AUTHO	RIZED REPRESEN	IIAIIVE				
									David Murphy/DM David Murphy					



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	ne terms and conditions of the policy, co ertificate holder in lieu of such endorse		-	icies may require an endo	rsemer	nt. A stateme	ent on this ce	rtificate does not confer	rights to	o the
PRO	DUCER		` '		CONTAC NAME:	T David Mu	urphy			
Bea	acon Sports Insurance, LLC				PHONE	, Ext): (978)	578-4775	FAX (A/C, No):		
36	Princes Pine Rd				E-MAIL	SS: Dave@bea	aconsports			
Nor	rwalk CT 06850				ADDICE			DING COVERAGE		NAIC #
					INSURE	ompar				
INSU	RED				INSURE					
Pow	wer Hockey LLC				INSURE					
417	78 107th Ave				INSURE					
					INSURE					
A11	legan MI 490	10			INSURE	RF:				
CO	VERAGES CER	TIFIC	ATE	NUMBER: CL17215003	10			REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIES OF IDICATED. NOTWITHSTANDING ANY REQU ERTIFICATE MAY BE ISSUED OR MAY PERT XCLUSIONS AND CONDITIONS OF SUCH PO	IREM AIN,	ENT, THE II	TERM OR CONDITION OF AN NSURANCE AFFORDED BY T	Y CONT HE POL	RACT OR OTH	HER DOCUMEN BED HEREIN I	NT WITH RESPECT TO WHIC	CH THIS	
INSR LTR			SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	 3	
LIK	XX COMMERCIAL GENERAL LIABILITY	INSD	WVD	TOLICT NUMBER		(WIW/DD/TTTT)	(WIW/DD/TTTT)	EACH OCCURRENCE	\$	1,000,000
A	CLAIMS-MADE x OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
	92 132 (12) 98881.	x		PHPK2522108		03/01/2023	03/01/2024	MED EXP (Any one person)	\$	0
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	3,000,000
	x POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	3,000,000
	OTHER:								\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
	HIRED AUTOS AUTOS							PROPERTY DAMAGE (Per accident)	\$	
	AUTOS							(i or additionly	\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$								\$	
	WORKERS COMPENSATION							PER OTH- STATUTE ER		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
	CRIPTION OF OPERATIONS/LOCATIONS/VEHICLES ditional insured listed below	(ACC	ORD 10	1, Additional Remarks Schedule, m	ay be atta	ched if more space	ce is required)			
nac	reconar insured listed below									
<u> </u>	DIFFCATE HOLDED				04110	TIL ATION				
CEI	RTIFICATE HOLDER				CANC	ELLATION				
	St Peters Rec-Plex 5200 Mexico Rd. St. Peters, MO 63376		THE	EXPIRATION D	ATE THEREOF	SCRIBED POLICIES BE CAN ; NOTICE WILL BE DELIVER ! PROVISIONS.		BEFORE		
					AUTHOR	RIZED REPRESEN	ITATIVE			
					David Murphy/DM David Murphy					



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	ne terms and conditions of the policy, c ertificate holder in lieu of such endorse		•	icies may require an endo	rsemer	nt. A stateme	ent on this ce	rtificate does not confer	rights to	o the
PRO	DUCER		` '		CONTAC NAME:	T David M	urphy			
Bea	acon Sports Insurance, LLC				PHONE	, Ext): (978)	578-4775	FAX (A/C, No):		
36	Princes Pine Rd				E-MAIL	SS: Dave@bea	aconsports			
Nor	rwalk CT 06850				ADDICE		NAIC #			
					INSURE	ompar				
INSU	IRED				INSURE					
Pov	wer Hockey LLC				INSURE					
417	78 107th Ave				INSURE					
					INSURER E:					
A11	legan MI 490	10			INSURE	RF:				
CO	VERAGES CER	TIFIC	ATE	NUMBER: CL17215003	10			REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIES OF IDICATED. NOTWITHSTANDING ANY REQU ERTIFICATE MAY BE ISSUED OR MAY PERT XCLUSIONS AND CONDITIONS OF SUCH PO	IREM AIN,	ENT, THE II	TERM OR CONDITION OF AN NSURANCE AFFORDED BY T	Y CONT HE POL	RACT OR OTH	HER DOCUMEN BED HEREIN I	NT WITH RESPECT TO WHIC	CH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	 S	
LIK	KX COMMERCIAL GENERAL LIABILITY	INSD	WVD	T OLIC I NOMBER		(WIW/DD/TTTT)	(WIW/DD/TTTT)	EACH OCCURRENCE	\$	1,000,000
A	CLAIMS-MADE x OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
	92 32 90001	х		PHPK2522108		03/01/2023	03/01/2024	MED EXP (Any one person)	\$	0
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	3,000,000
	x POLICY PRO-							PRODUCTS - COMP/OP AGG	\$	3,000,000
	OTHER:							111020010 0011117017100	\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED							BODILY INJURY (Per accident)	\$	
	AUTOS AUTOS NON-OWNED AUTOS AUTOS							PROPERTY DAMAGE (Per accident)	\$	
	AUTOS							(Fer accident)	\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$								\$	
	WORKERS COMPENSATION							PER OTH- STATUTE ER		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
	Description of the English of the En								•	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Additional insured listed below										
	DITIEIOATE HOLDES				04115	ELLATION:				
CE	RTIFICATE HOLDER				CANC	ELLATION				
	TC Centre Ice Arena 1600 Chartwell Dr. Traverse City, MI 49686			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
					AUTHOR	RIZED REPRESEN	ITATIVE			
					David Murphy/DM David Murphy					



DATE (MM/DD/YYYY) 2/24/2023

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.

	ertificate holder in lieu of such endorse		•	icles may require an emuc	/ Scilici	ii. A statellie	in on this ce	itilicate does not come	rigins t	o tile
PRO	DUCER				CONTAC NAME:	T David M	urphy			
Bea	acon Sports Insurance, LLC				PHONE (A/C. No	, Ext): (978)	578-4775	FAX (A/C, No):		
36	Princes Pine Rd				E-MAIL ADDRES	ss: Dave@be	aconsports	sins.com		
No	walk CT 06850							DING COVERAGE		NAIC #
					INSURE			emnity Insurance C	ompar	
INSU	RED				INSURE	RB:	_	-	- 1	
Pov	wer Hockey LLC				INSURE	R C :				
41	78 107th Ave				INSURE					
					INSURE					
<b>A</b> 1:	legan MI 490	10			INSURE					
СО	VERAGES CER	TIFIC	ATE	NUMBER: CL17215003	10			REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIES OF IDICATED. NOTWITHSTANDING ANY REQUENTIFICATE MAY BE ISSUED OR MAY PERT XCLUSIONS AND CONDITIONS OF SUCH P	IREM AIN,	ENT, THE II	TERM OR CONDITION OF AN NSURANCE AFFORDED BY T	IY CONT HE POL	TRACT OR OTH LICIES DESCRI	HER DOCUMEN BED HEREIN I	NT WITH RESPECT TO WHI	CH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
A	CLAIMS-MADE <b>x</b> OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
		х		PHPK2522108		03/01/2023	03/01/2024	MED EXP (Any one person)	\$	0
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	3,000,000
	x POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	3,000,000
	OTHER:								\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$								\$	
	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)  If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
	 CRIPTION OF OPERATIONS/LOCATIONS/VEHICLE: ditional insured listed below	S (ACC	 DRD 10	 1, Additional Remarks Schedule, m	ay be atta	uched if more spa	ce is required)			
CE	RTIFICATE HOLDER				CANC	ELLATION				
	Troy Sports Center 1819 East Big Beaver Road Troy, MI 48083					ULD ANY OF T EXPIRATION D ORDANCE WIT	PATE THEREOF	SCRIBED POLICIES BE CAN F, NOTICE WILL BE DELIVER 7 PROVISIONS.		BEFORE
					AUTHO	RIZED REPRESEN	ITATIVE			
	ı				David	l Murphy/D	М	David N	luphy	



DATE (MM/DD/YYYY) 2/24/2023

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	ne terms and conditions of the policy, c ertificate holder in lieu of such endorse		•	icies may require an endo	rsemer	nt. A stateme	ent on this ce	rtificate does not confer	rights to	o the
PRO	DUCER		` '		CONTAC NAME:	T David M	urphy			
Bea	acon Sports Insurance, LLC				PHONE	, Ext): (978)	578-4775	FAX (A/C, No):		
36	Princes Pine Rd				E-MAIL	SS: Dave@bea	aconsports			
Nor	walk CT 06850				ADDITE			DING COVERAGE		NAIC #
					INSURE	ompar				
INSU	RED				INSURE					
Pov	wer Hockey LLC				INSURE					
417	78 107th Ave				INSURE					
					INSURE					
A11	legan MI 490	10			INSURE					
CO	VERAGES CER	TIFIC	ATE	NUMBER: CL17215003	10			REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIES OF IDICATED. NOTWITHSTANDING ANY REQU ERTIFICATE MAY BE ISSUED OR MAY PERT XCLUSIONS AND CONDITIONS OF SUCH PO	IREM AIN,	ENT, THE II	TERM OR CONDITION OF AN NSURANCE AFFORDED BY T	Y CONT	RACT OR OTH	HER DOCUMEN BED HEREIN I	NT WITH RESPECT TO WHIC	CH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	 S	
LIK	KX COMMERCIAL GENERAL LIABILITY	INSD	WVD	1 OLIC I NOMBER		(WIW/DD/TTTT)	(WIW/DD/TTTT)	EACH OCCURRENCE	\$	1,000,000
A	CLAIMS-MADE x OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
	92 92	х		PHPK2522108		03/01/2023	03/01/2024	MED EXP (Any one person)	\$	0
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	3,000,000
	x POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	3,000,000
	OTHER:							11.020010 007017.00	\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED							BODILY INJURY (Per accident)	\$	
	AUTOS AUTOS NON-OWNED AUTOS AUTOS							PROPERTY DAMAGE (Per accident)	\$	
	AUTOS							(Fer accident)	\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$								\$	
	WORKERS COMPENSATION							PER OTH- STATUTE ER		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
	PEGGINI FIGHT OF OF EACH TONIO SOIGH								•	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Additional insured listed below										
CE	RTIFICATE HOLDER				CANC	ELLATION				
	Wausau Greenheck Field E 6400 Alderson St Schofield, WI 54476	e		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
					AUTHOR	RIZED REPRESEN	IIATIVE			
					David Murphy/DM David Murphy					



DATE (MM/DD/YYYY) 2/24/2023

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	he terms and conditions of the policy, co certificate holder in lieu of such endorse		•	icies may require an endo	rsemer	nt. A stateme	ent on this ce	rtificate does not confer	rights t	o the	
PRC	DDUCER		`,		CONTAC NAME:	T David Mu	ırphy				
Ве	acon Sports Insurance, LLC				PHONE (A/C, No	(978)	 578-4775	FAX (A/C, No):			
36	Princes Pine Rd				E-MAIL	SS: Dave@bea	aconsports	ins.com			
No:	rwalk CT 06850				ADDRES			DING COVERAGE		NAIC #	
					INSURE		. , ,	emnity Insurance Co	ompar	INAIO #	
INS	URED				INSURE	RB:					
Po	wer Hockey LLC				INSURE						
41	78 107th Ave				INSURE						
					INSURE	RE:					
Al.	legan MI 490										
CC	OVERAGES CERT	TIFIC	ATE	TE NUMBER: CL1721500310 REVISION NUMBER:							
II C	I'HIS IS TO CERTIFY THAT THE POLICIES OF NDICATED. NOTWITHSTANDING ANY REQUI CERTIFICATE MAY BE ISSUED OR MAY PERT EXCLUSIONS AND CONDITIONS OF SUCH PO	IREM AIN, OLICI	ENT, THE IN	TERM OR CONDITION OF AN NSURANCE AFFORDED BY T MITS SHOWN MAY HAVE BE	IY CONT HE POL	RACT OR OTH ICIES DESCRI UCED BY PAID	HER DOCUMEN BED HEREIN IS CLAIMS.	NT WITH RESPECT TO WHIC	CH THIS		
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000	
A	CLAIMS-MADE x OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
		x		PHPK2522108		03/01/2023	03/01/2024	MED EXP (Any one person)	\$	0	
								PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	3,000,000	
	x POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	3,000,000	
	OTHER:							OOMBINED OINOLE LIMIT	\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	ALL OWNED SCHEDULED AUTOS AUTOS							BODILY INJURY (Per accident)	\$		
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$							LDED LOTU	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER			
	LANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH)  If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$		
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
	  SCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES   ditional insured listed below	G (ACC	DRD 10	 1, Additional Remarks Schedule, m	ay be atta	ched if more space	ce is required)				
CE	RTIFICATE HOLDER				CANC	ELLATION					
	Wings West 5076 Sports Dr. Kalamazoo, MI 49009		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.								
					AUTHOR	RIZED REPRESEN	HAIIVE				
					David Murphy/DM						



DATE (MM/DD/YYYY) 2/24/2023

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	ne terms and conditions of the policy, c ertificate holder in lieu of such endorse			icies may require an endo	rseme	nt. A stateme	ent on this ce	rtificate does not confer	rights t	o the
	DUCER	,,,,,	τ(ο).		CONTAC	T David Mu	ırphy			
	acon Sports Insurance, LLC				PHONE	(978)	578-4775	FAX		
	Princes Pine Rd				(A/C, No E-MAIL	<sub>SS:</sub> Dave@bea		(A/C, No):		
	cwalk CT 06850				ADDRES			DING COVERAGE		
NO.	walk CI 00050				INCUE	ompar	NAIC #			
INSU	IRED				INSURE					
Po	ver Hockey LLC				INSURE					
	78 107th Ave				INSURE					
<b>A</b> 1	legan MI 490	10			INSURE					
CO	VERAGES CER	TIFIC	ATE	NUMBER: CL17215003				REVISION NUMBER:		
II C	HIS IS TO CERTIFY THAT THE POLICIES OF IDICATED. NOTWITHSTANDING ANY REQUENTIFICATE MAY BE ISSUED OR MAY PERT XCLUSIONS AND CONDITIONS OF SUCH PO	IIREM TAIN, OLICI	IENT, ' THE II ES. LI	TERM OR CONDITION OF AN NSURANCE AFFORDED BY T	IY CONT HE POL	RACT OR OTH ICIES DESCRI UCED BY PAID	HER DOCUMEN BED HEREIN I CLAIMS.	NT WITH RESPECT TO WHIC	CH THIS	
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	KX COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
А	CLAIMS-MADE x OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
		x		PHPK2522108		03/01/2023	03/01/2024	MED EXP (Any one person)	\$	0
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	3,000,000
	x POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	3,000,000
								TRODUCTO - COMIT/OF ACC	\$	.,,
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$	
	<del></del>							(Ea accident) BODILY INJURY (Per person)	\$	
	ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Per accident)	\$	
	AUTOS AUTOS NON-OWNED							PROPERTY DAMAGE	\$	
	HIRED AUTOS AUTOS							(Per accident)	\$	
	LIMPRELLALIA									
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$ WORKERS COMPENSATION							PER OTH-	\$	
	AND EMPLOYERS' LIABILITY  Y/N							STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH)  If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Additional insured listed below										
	DTIFICATE HOLDED				04115	TIL ATION				
CE	RTIFICATE HOLDER				CANC	ELLATION				
	World Arena Ice Hall 3185 Venetucci Blvd. Colorado Springs, CO 80		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
			•		AUTHOR	RIZED REPRESEN	ITATIVE			
	1				David Murphy/DM					