

DATE (MM/DD/YYYY) 4/17/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

	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 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	VERAGES CER	TIFIC	CATE	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	JIREN TAIN,	IENT, 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	SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	'S		
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	FOLICT NOMBER		(IVIIVI/DD/TTTT)	(IVIIVI/DD/TTTT)	EACH OCCURRENCE	\$	1,000,000	
A	CLAIMS-MADE x OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
	92 132 22 32 00001	x		PHPK2644584		03/01/2024	03/01/2025	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 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	\$		
	22001th Front Cr. Cr. 21th Horse Solot										
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Additional insured listed below											
CEI	RTIFICATE HOLDER				CANC	ELLATION					
	Acord Ice Center 5353 West 3100 S West Valley City, UT 84	1120)		THE	EXPIRATION D ORDANCE WIT	PATE THEREOF	SCRIBED POLICIES BE CAN F, NOTICE WILL BE DELIVER / PROVISIONS.		BEFORE	
	- - -				AUTHOR	RIZED REPRESEN	ITATIVE				
					David	Murphy/DI	M	David 1	lurphy		



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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					, 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:					
All	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	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	KX 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 32	х		PHPK2644584		03/01/2024	03/01/2025	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 CLERKING HE SHOW								•		
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					
<u>JL</u>	Aerodrome Ice Skating Co 8220 Willow Place Dr. N. Houston, TX 77070	_	.ex		SHO THE ACC	ULD ANY OF T EXPIRATION D	ATE THEREOF	SCRIBED POLICIES BE CAN 7, NOTICE WILL BE DELIVER 7 PROVISIONS.		BEFORE	
					David	Murphy/DI	М	David N	urphy		



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		rms and condition				•	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:	CT David Mu	urphy			
Bea	cor	Sports Insur	ran	nce, LLC				PHONE (A/C, No	(978)	578-4775	FAX (A/C, No):		
36	Pri	nces Pine Rd						E-MAIL	_{SS:} Dave@bea	aconsports	sins.com		
Nor	wal	k CT 06850						ADDICE			DING COVERAGE		NAIC #
								INSURF			emnity Insurance Co	ompar	
INSU	RED							INSURE			<u> </u>	J	
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:	<u> </u>	
IN C E	IDIC <i>i</i> ERTI	ATED. NOTWITHSTA FICATE MAY BE ISS	ANI SUE	DING ANY REQUED OR MAY PER	JIREM TAIN, [*] 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 DOCUME! BED HEREIN I CLAIMS.	NT WITH RESPECT TO WHIC	CH THIS	
INSR LTR		TYPE OF INSU	URAI	NCE	INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	ΧХ	COMMERCIAL GENER	RAL	LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000
A		CLAIMS-MADE	х	OCCUR							PREMISES (Ea occurrence)	\$	100,000
					x		PHPK2644584		03/01/2024	03/01/2025	MED EXP (Any one person)	\$	0
											PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: * POLICY PRO-			LIES PER:							GENERAL AGGREGATE	\$	3,000,000
	x POLICY PRO- JECT LOC			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	- 17	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 RETENT		\$								\$	
		RKERS COMPENSATION EMPLOYERS' LIABILIT		Y/N							PER OTH- STATUTE ER		
		PROPRIETOR/PARTNER		ECUTIVE	N/A						E.L. EACH ACCIDENT	\$	
	(Mar	ndatory in NH) s, describe under	-LD.								E.L. DISEASE - EA EMPLOYEE	\$	
	DES	CRIPTION OF OPERATI	IONS	S below							E.L. DISEASE - POLICY LIMIT	\$	
		TON OF OPERATIONS /			•	ORD 10	1, Additional Remarks Schedule, m	ay be atta	ached if more space	ce is required)			
L													
CE	RTIF	ICATE HOLDER						CANC	ELLATION				
	All Seasons Arena 1251 Monks Ave. Mankato, MN 56001							THE ACC	EXPIRATION D	PATE THEREOF	SCRIBED POLICIES BE CAN F, NOTICE WILL BE DELIVER Y PROVISIONS.		BEFORE
								AUTHOR	RIZED REPRESEN	ITATIVE			
								David	l Murphy/Di	M	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	illicate does not come	rigins t	o tile
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	ss. Dave@bea	aconsports	sins.com		
Noı	rwalk CT 06850				7.55.1.2			DING COVERAGE		NAIC #
					INSURE			emnity Insurance C	ompar	
INSU	RED				INSURE		_ <u>.</u>			
Pov	wer Hockey LLC				INSURE					
41	78 107th Ave				INSURE					
					INSURE					
A1:	Legan MI 490	10			INSURE					
СО	VERAGES CER	TIFIC	ATE	NUMBER: CL17215003	•			REVISION NUMBER:		
Т	HIS IS TO CERTIFY THAT THE POLICIES OF	INSU	RANC	CE LISTED BELOW HAVE BEE	EN ISSU	ED TO THE IN:	SURED NAME	D ABOVE FOR THE POLICY	PERIOD	
	IDICATED. NOTWITHSTANDING ANY REQU									
	ERTIFICATE MAY BE ISSUED OR MAY PERT XCLUSIONS AND CONDITIONS OF SUCH P							5 SUBJECT TO ALL THE TE	KIVIS,	
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	KX COMMERCIAL GENERAL LIABILITY	INOD	WVD			(MINI DD) 11111)	(MINI/DD/1111)	EACH OCCURRENCE	\$	1,000,000
A	CLAIMS-MADE x OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
		x		PHPK2644584		03/01/2024	03/01/2025	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)	\$	
	NON-OWNED							PROPERTY DAMAGE (Per accident)	\$	
	HIRED AUTOS 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	\$	
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE: ditional insured listed below	•	ORD 10	11, Additional Remarks Schedule, m	ay be atta	iched if more spac	ce is required)			
CE	RTIFICATE HOLDER				CANC	ELLATION				
<u> </u>	Allen Community Ice Rink 200 E. Stacy Rd Allen, TX 75002	Σ.			SHO	ULD ANY OF T	ATE THEREOF	SCRIBED POLICIES BE CAN F, NOTICE WILL BE DELIVER 7 PROVISIONS.		BEFORE
	MILEM, IA /JUUZ				AUTHOR	RIZED REPRESEN	ITATIVE		1 .	
	I				David	Murphy/DI	М	David N	lurphy	



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		e terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the rtificate holder in lieu of such endorsement(s).													
_	DUCE				`,		CONTAC NAME:	T David Mu	urphy						
Bea	cor	Sports Insurar	nce, LLC				PHONE (A/C, No	(978)	578 -4 775	FAX (A/C, No):					
36	Pri	nces Pine Rd					E-MAIL	_{SS:} Dave@bea	aconsports	sins.com					
Nor	wal	k CT 06850					ADDICE			DING COVERAGE		NAIC #			
							INSURE			emnity Insurance C	ompar				
INSU	RED						INSURE								
Pov	ær	Hockey LLC					INSURE								
		.07th Ave					INSURE								
							INSURE								
A1]	.ega	ın	MI 490	10			INSURE								
		AGES	CER.	TIFIC	ATE	NUMBER: CL17215003		кт.		REVISION NUMBER:					
IN C E	IDIC <i>i</i> ERTI	ATED. NOTWITHSTANI FICATE MAY BE ISSUE	HE POLICIES OF DING ANY REQU D OR MAY PERT DNS 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 DOCUME! BED HEREIN I CLAIMS.	NT WITH RESPECT TO WHIC	CH THIS				
INSR LTR		TYPE OF INSURAI	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 x	OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000			
				х		PHPK2644584		03/01/2024	03/01/2025	MED EXP (Any one person)	\$	0			
										PERSONAL & ADV INJURY	\$	1,000,000			
	GEN	N'L AGGREGATE LIMIT APPL	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)	\$				
		l l	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		N/A						E.L. EACH ACCIDENT	\$				
	(Mar	ICER/MEMBER EXCLUDED? ndatory in NH)		N/A						E.L. DISEASE - EA EMPLOYEE	\$				
	If yes	s, describe under CRIPTION OF OPERATIONS	S below							E.L. DISEASE - POLICY LIMIT	\$				
		ion of operations/Loc Lonal insured li		•	ORD 10	1, Additional Remarks Schedule, m	ay be atta	ched if more spac	ce is required)						
CE	דיר	FICATE HOLDER					CANO	ELLATION							
CE	K I III	ICATE HOLDER					CANC	ELLATION							
	2	ann Arbor Ice 2121 Oak Valle ann Arbor, MI	y Dr.				THE	EXPIRATION D	ATE THEREOF	SCRIBED POLICIES BE CAN F, NOTICE WILL BE DELIVER / PROVISIONS.		BEFORE			
			-				AUTHOR	RIZED REPRESEN	ITATIVE						
							David	l Murphy/Di	M	David N	lurphy				



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		rms and condition				•	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 M	urphy			
Bea	cor	Sports Insur	ran	ce, LLC				PHONE (A/C, No	(978)	578-4775	FAX (A/C, No):		
36	Pri	nces Pine Rd						E-MAIL	SS: Dave@be	aconsports	ins.com		
Nor	wal	k CT 06850						ADDILL			DING COVERAGE		NAIC #
								INSURE			emnity Insurance Co	ompar	TO IF
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 ISS	ANE SUE	DING ANY REQU D OR MAY PER	JIREM TAIN, [*] 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 INSU	JRAI	NCE	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	х	OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
					x		PHPK2644584		03/01/2024	03/01/2025	MED EXP (Any one person)	\$	0
											PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: PRO- LOC PRO- LOC			JES PER:							GENERAL AGGREGATE	\$	3,000,000
	x POLICY PRO- JECT LOC			LOC							PRODUCTS - COMP/OP AGG	\$	3,000,000
		OTHER:										\$	
	AUT	TOMOBILE LIABILITY									COMBINED SINGLE LIMIT (Ea accident)	\$	
		ANY AUTO	— ,	20115011150							BODILY INJURY (Per person)	\$	
		ALL OWNED AUTOS	- 17	SCHEDULED AUTOS NON-OWNED							BODILY INJURY (Per accident)	\$	
		HIRED AUTOS		AUTOS							PROPERTY DAMAGE (Per accident)	\$	
			\bot									\$	
		UMBRELLA LIAB		OCCUR							EACH OCCURRENCE	\$	
		EXCESS LIAB		CLAIMS-MADE							AGGREGATE	\$	
	14/05	DED RETENTI		\$							PER OTH-	\$	
		RKERS COMPENSATION EMPLOYERS' LIABILIT		Y/N							PER OTH- STATUTE ER		
	OFF	PROPRIETOR/PARTNER ICER/MEMBER EXCLUDE		ECUTIVE	N/A						E.L. EACH ACCIDENT	\$	
	If ve	ndatory in NH) s, describe under									E.L. DISEASE - EA EMPLOYEE	\$	
	DÉS	CRIPTION OF OPERATION	IONS	below							E.L. DISEASE - POLICY LIMIT	\$	
		ON OF OPERATIONS / I Lonal insured			•	ORD 10	1, Additional Remarks Schedule, m	ay be atta	ached if more space	ce is required)			
<u> </u>													
CE	₹TIF	ICATE HOLDER						CANC	ELLATION				
	Appleton Ice Arena 1717 E. Witzke Blvd Appleton, WI 54911							THE ACC	EXPIRATION D ORDANCE WIT	OATE THEREOF	SCRIBED POLICIES BE CAN F, NOTICE WILL BE DELIVER PROVISIONS.		BEFORE
								AUTHOR	RIZED REPRESEN	ITATIVE			
								David	l Murphy/DI	М	David N	lurphy	



DATE (MM/DD/YYYY) 4/17/2024

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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				
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							DING COVERAGE		NAIC #	
					INSURE			emnity Insurance Co	ompar		
INSU	IRED				INSURE	RB:					
Pov	ver Hockey LLC				INSURE	RC:					
417	78 107th Ave				INSURE	RD:					
					INSURE	RE:					
All	legan MI 490	10			INSURE	RF:					
				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	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	1112			((11111111111111111111111111111111111111	EACH OCCURRENCE	\$	1,000,000		
А	CLAIMS-MADE x OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
		x		PHPK2644584		03/01/2024	03/01/2025	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	\$		
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					
	Big Bear Arena 2 Ice Circle Dr. Sault Ste. Marie, MI 49	783	.		THE ACC	EXPIRATION D ORDANCE WIT	ATE THEREOF	SCRIBED POLICIES BE CAN F, NOTICE WILL BE DELIVER PROVISIONS.		BEFORE	
					AUTHOR	RIZED REPRESEN	ITATIVE				
					David	Murphy/DI	М	David N	urphy		



DATE (MM/DD/YYYY) 4/17/2024

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		rms and conditions				•	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:	T David Mu	urphy			
Bea	cor	Sports Insura	and	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						ADDILL			DING COVERAGE		NAIC #
								INSURE			emnity Insurance C	ompar	TO IF
INSU	RED							INSURE		•			
Pov	ær	Hockey LLC						INSURE					
417	78 1	.07th Ave						INSURE					
								INSURE					
A11	.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. NOTWITHSTAN FICATE MAY BE ISSU	JED JED	ING ANY REQU OR MAY PERT	IIREM TAIN, ^T 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	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 INSUR	RAN	CE	INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	ХX	COMMERCIAL GENERA	AL L	IABILITY							EACH OCCURRENCE	\$	1,000,000
A		CLAIMS-MADE	x	OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
					X		PHPK2644584		03/01/2024	03/01/2025	MED EXP (Any one person)	\$	0
											PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: PRO- LOC LOC			ES PER:							GENERAL AGGREGATE	\$	3,000,000
	The second secon										PRODUCTS - COMP/OP AGG	\$	3,000,000
		OTHER:									COMBINED SINGLE LIMIT	\$	
	AUT	TOMOBILE LIABILITY									(Ea accident)	\$	
		ANY AUTO ALL OWNED	ا ور	CHEDULED							BODILY INJURY (Per person)	\$	
		AUTOS	ΙAι	JTOS ON-OWNED							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$	
		HIRED AUTOS		JTOS							(Per accident)	\$	
												\$	
		UMBRELLA LIAB		OCCUR							EACH OCCURRENCE	\$	
		EXCESS LIAB		CLAIMS-MADE							AGGREGATE	\$	
	WO	DED RETENTION	NC	\$							PER OTH-	\$	
	AND	EMPLOYERS' LIABILITY		Y/N							STATUTE ER		
	OFF	PROPRIETOR/PARTNER/E ICER/MEMBER EXCLUDED		CUTIVE	N/A						E.L. EACH ACCIDENT	\$	
	If ve	ndatory in NH) s, describe under									E.L. DISEASE - EA EMPLOYEE	\$	
	DES	CRIPTION OF OPERATION	NS I	below							E.L. DISEASE - POLICY LIMIT	\$	
					<u></u>								
		TON OF OPERATIONS / LO Lonal insured 1			•	ORD 10	1, Additional Remarks Schedule, m	ay be atta	ched if more space	ce is required)			
	יידכ	ICATE HOLDER						CANO	ELLATION				
CE	KIIF	FICATE HOLDER						CANC	ELLATION				
	Bloomington 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
		· 5,						AUTHOR	RIZED REPRESEN	ITATIVE			
								David	Murphy/Di	М	David N	lurphy	



DATE (MM/DD/YYYY) 4/17/2024

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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	Sports Insura	nce, LLC				PHONE (A/C, No	(978)	578-4775	FAX (A/C, No):		
36	Pri	nces Pine Rd					E-MAIL	_{SS:} 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. NOTWITHSTAN FICATE MAY BE ISSU	NDING ANY REQUED OR MAY PER	JIREM TAIN, 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 INSUR	ANCE	INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
	ХX	COMMERCIAL GENERA	L LIABILITY							EACH OCCURRENCE	\$	1,000,000
A		CLAIMS-MADE	x OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
				x		PHPK2644584		03/01/2024	03/01/2025	MED EXP (Any one person)	\$	0
										PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: PRO- LOC PRO- LOC									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	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 RETENTIO	N \$								\$	
		RKERS COMPENSATION EMPLOYERS' LIABILITY	Y/N							PER OTH- STATUTE ER		
		PROPRIETOR/PARTNER/EICER/MEMBER EXCLUDED	XECUTIVE	N/A						E.L. EACH ACCIDENT	\$	
	(Mar	ndatory in NH) s, describe under								E.L. DISEASE - EA EMPLOYEE	\$	
	DES	CRIPTION OF OPERATION	NS below							E.L. DISEASE - POLICY LIMIT	\$	
					<u> </u>							
		TON OF OPERATIONS / LO Lonal insured 1		•	ORD 10	1, Additional Remarks Schedule, m	ay be atta	ched if more space	ce is required)			
		TOATE US: SES					0411	VELL ATION:				
CE	KIIF	ICATE HOLDER					CANC	ELLATION				
	Burnsville Ice Center 251 Civic Center Pkwy Burnsville, MN 55337							EXPIRATION D	ATE THEREOF	SCRIBED POLICIES BE CAN F, NOTICE WILL BE DELIVER 7 PROVISIONS.		BEFORE
		-,					AUTHOR	RIZED REPRESEN	ITATIVE			
							David	l Murphy/Di	M	David N	lurphy	



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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:	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				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:					
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	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		
	KX COMMERCIAL GENERAL LIABILITY	1112			((111111)	EACH OCCURRENCE	\$	1,000,000		
А	CLAIMS-MADE x OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
		x		PHPK2644584		03/01/2024	03/01/2025	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							PER OTH- STATUTE ER			
	AND EMPLOTERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH)							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											
L											
CE	RTIFICATE HOLDER				CANC	ELLATION					
	Canlan Ice Sports West I 801 Wesemann Dr West Dundee, IL 60118	und	lee		THE ACC	EXPIRATION D ORDANCE WIT	ATE THEREOF	SCRIBED POLICIES BE CAN F, NOTICE WILL BE DELIVER PROVISIONS.		BEFORE	
					AUTHOR	RIZED REPRESEN	IIATIVE				
					David	Murphy/DI	М	David N	lurphy		



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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			
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	IRED				INSURE	RB:				
Pov	ver Hockey LLC				INSURE	RC:				
417	78 107th Ave				INSURE	RD:				
					INSURE	RE:				
All	legan MI 490	10			INSURE	RF:				
				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	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	IIIOD	1112			((11111111111111111111111111111111111111	EACH OCCURRENCE	\$	1,000,000
А	CLAIMS-MADE x OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
		x		PHPK2644584		03/01/2024	03/01/2025	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 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 Sittional 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				
	Canlan Ice Sports 1581 W. Normantown Rd. Romeoville, IL 60446				THE ACC	EXPIRATION D ORDANCE WIT	ATE THEREOF	SCRIBED POLICIES BE CAN F, NOTICE WILL BE DELIVER PROVISIONS.		BEFORE
					AUTHOR	RIZED REPRESEN	IIATIVE			
					David	Murphy/DI	М	David N	lurphy	



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		rms and condition				•	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:	CT David Mu	urphy			
Bea	cor	Sports Insur	ran	nce, LLC				PHONE (A/C, No	(978)	578-4775	FAX (A/C, No):		
36	Pri	nces Pine Rd						E-MAIL	_{SS:} Dave@bea	aconsports	sins.com		
Nor	wal	k CT 06850						ADDICE			DING COVERAGE		NAIC #
								INSURE			emnity Insurance Co	ompar	TO T
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 ISS	ANI SUE	DING ANY REQU D OR MAY PER	JIREM TAIN, [*] 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 DOCUME! BED HEREIN I CLAIMS.	NT WITH RESPECT TO WHIC	CH THIS	
INSR LTR		TYPE OF INSU	JRAI	NCE	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	х	OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
					x		PHPK2644584		03/01/2024	03/01/2025	MED EXP (Any one person)	\$	0
											PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: PRO			LIES PER:							GENERAL AGGREGATE	\$	3,000,000
	x POLICY PRO- JECT LOC			LOC							PRODUCTS - COMP/OP AGG	\$	3,000,000
		OTHER:										\$	
	AUT	TOMOBILE LIABILITY									COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO			20115011150							BODILY INJURY (Per person)	\$	
		ALL OWNED AUTOS	- 17	SCHEDULED AUTOS NON-OWNED							BODILY INJURY (Per accident)	\$	
		HIRED AUTOS		AUTOS							PROPERTY DAMAGE (Per accident)	\$	
			\bot									\$	
		UMBRELLA LIAB		OCCUR							EACH OCCURRENCE	\$	
		EXCESS LIAB	L	CLAIMS-MADE							AGGREGATE	\$	
	14/05	DED RETENTI		\$							PER OTH-	\$	
		RKERS COMPENSATION EMPLOYERS' LIABILIT		Y/N							PER OTH- STATUTE ER		
	OFF	PROPRIETOR/PARTNER ICER/MEMBER EXCLUDE		ECUTIVE	N/A						E.L. EACH ACCIDENT	\$	
	If ve	ndatory in NH) s, describe under									E.L. DISEASE - EA EMPLOYEE	\$	
	DÉS	CRIPTION OF OPERATION	IONS	S below							E.L. DISEASE - POLICY LIMIT	\$	
		ON OF OPERATIONS / I 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				
	Chiller - Easton 3600 Chiller Lane Columbus, OH 43219							THE ACC	EXPIRATION D	PATE THEREOF	SCRIBED POLICIES BE CAN F, NOTICE WILL BE DELIVER F PROVISIONS.		BEFORE
		-						AUTHOR	RIZED REPRESEN	ITATIVE			
								David	l Murphy/Di	M	David N	lurphy	



DATE (MM/DD/YYYY) 4/17/2024

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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 Beacon Sports Insurance, LLC CONTACT NAME: David Murphy PHONE First (978) 578-4775 FAX (AVC Not)										
		,,,,,	τ(ο).		CONTAC	T David M	urphy			
	acon Sports Insurance, LLC				PHONE	(978)				
	Princes Pine Rd				(A/C, No E-MAIL	_{SS:} Dave@bea		(A/C, No):		
	rwalk CT 06850				ADDRES					
NO.	twalk CI 00050				INCURE			DING COVERAGE emnity Insurance Co	ompar	NAIC #
INSU	JRED				INSURE		sipilia iliu	emmitty insurance co	ompai	
Po	wer Hockey LLC				INSURE					
	78 107th Ave				INSURE					
					INSURE					
A 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 NDICATED. NOTWITHSTANDING ANY REQU ERTIFICATE MAY BE ISSUED OR MAY PERT XCLUSIONS AND CONDITIONS OF SUCH P	IIREM TAIN, 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			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		PHPK2644584		03/01/2024	03/01/2025	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:							711020010 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							PROPERTY DAMAGE	\$	
	HIRED AUTOS AUTOS							(Per accident)	\$	
	UMBRELLA LIAB OCCUP							5.01.000UBBBBUGB		
	-va-sa-							EACH OCCURRENCE	\$	
	CEANVO-IVIABE							AGGREGATE	\$	
	DED RETENTION \$							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	\$	
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
	CRIPTION OF OPERATIONS/LOCATIONS/VEHICLE: ditional insured listed below	S (ACC	ORD 10	1, Additional Remarks Schedule, m	ay be atta	ached if more space	ce is required)			
	RTIFICATE HOLDER				CANC	ELLATION				
	Chiller - North 8144 Highfield Dr Lewis Center, OH 43219				THE	EXPIRATION D	ATE THEREOF	SCRIBED POLICIES BE CAN F, NOTICE WILL BE DELIVER 7 PROVISIONS.		BEFORE
					AUTHOR	RIZED REPRESEN	ITATIVE			
	ı				David	l Murphy/DI	М	David N	lurphy	



DATE (MM/DD/YYYY) 4/17/2024

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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			
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:				
All	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	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 mme m. 192 (22) 999911	х		PHPK2644584		03/01/2024	03/01/2025	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 CLEANING METAL SOCIETY								•	
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				CANCELLATION					
	Chiller - Dublin 7001 Dublin Park Dr. Dublin, OH 43016				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	IIATIVE			
					David Murphy/DM David Murphy					



DATE (MM/DD/YYYY) 4/17/2024

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	ne terms and conditions of the policy, c ertificate holder in lieu of such endorse		•	icies may require an endo	CONTACT NAME: David Murphy PHONE (A/C, No, Ext): (978) 578-4775 (A/C, No):					o the
PRO	DUCER		` '		CONTAC NAME:	T David Mu	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				7.55.1.2			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:				
All	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	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	KX COMMERCIAL GENERAL LIABILITY	INSD	WVD	1 OLIC I 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 92	х		PHPK2644584		03/01/2024	03/01/2025	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 CLEANIONS SOON								•	
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			ELLATION						
JLI	Duluth Heritage Sports C 120 N.30th Ave W. Duluth, MN 55806	ent:	er		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED IN THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE					BEFORE
					David Murphy/DM					



DATE (MM/DD/YYYY) 4/17/2024

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	ne terms and conditions of the policy, co ertificate holder in lieu of such endorse		-	icies may require an endo	CONTACT NAME: PHONE (978) 578-4775 (A/C, No):					o the	
PRO	DUCER		` '		CONTAC NAME:	T David Mu	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@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:					
A11	Legan MI 490	10			INSURE	RF:					
				NUMBER:CL17215003				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 IN	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	IIIOD				(,	(11111111111111111111111111111111111111	EACH OCCURRENCE	\$	1,000,000	
A	CLAIMS-MADE x OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
		x		PHPK2644584		03/01/2024	03/01/2025	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	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											
CERTIFICATE HOLDER CANCELLATION											
CEI	THE TOLDER				CANC	LLLATION					
	Eble Park Ice Arena 19400 W. Blue Mounds Rd. Waukesha, WI 53045				THE ACC	EXPIRATION D ORDANCE WIT	ATE THEREOF	SCRIBED POLICIES BE CAN T, NOTICE WILL BE DELIVER Y PROVISIONS.		BEFORE	
					AUTHOR	RIZED REPRESEN	ITATIVE				
					David Murphy/DM						



DATE (MM/DD/YYYY) 4/17/2024

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	NAME: DESCRIPTION AND FAX										
PRO	DUCER		• •		CONTAC	CT 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	_{SS:} Dave@bea	aconsports	ins.com			
Nor	walk CT 06850				ADDRES			DING COVERAGE		NAIC #	
					INCLIDE			emnity Insurance Co	omnar.	IVAIO #	
INSU	RED				INSURE		erphia ind	emmicy insurance co	Jiipai		
	er Hockey LLC										
	8 107th Ave				INSURE						
					INSURE						
Δ11	egan MI 49	010			INSURE						
			`ATE	NUMBER: CL17215003	INSURE	RF:		REVISION NUMBER:			
TH	HIS IS TO CERTIFY THAT THE POLICIES OF DICATED. NOTWITHSTANDING ANY REQUESTION OF MAY PER	F INSU JIREM	JRANO IENT,	CE LISTED BELOW HAVE BEI TERM OR CONDITION OF AN	EN ISSU IY CONT	TRACT OR OTH	SURED NAME	O ABOVE FOR THE POLICY NT WITH RESPECT TO WHIC	CH THIS		
	(CLUSIONS AND CONDITIONS OF SUCH F						CLAIMS.	O CODOLOT TO ALL THE TEL	tivio,		
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	3		
	COMMERCIAL GENERAL LIABILITY					,	,	EACH OCCURRENCE	\$	1,000,000	
A	CLAIMS-MADE x OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
		x		PHPK2644584		03/01/2024	03/01/2025	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							PROPERTY DAMAGE (Per accident)	\$		
	AUTOS							(i ci doddon)	\$		
	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	nl 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	\$		
	BECOM TION OF CITEMPTONS BOILD							2.2. 3.02. 62 1 02.01 2	<u>, </u>		
	RIPTION OF OPERATIONS/LOCATIONS/VEHICLE itional insured listed below		ORD 10	1, Additional Remarks Schedule, m	ay be atta	ached if more space	ce is required)				
	TIFICATE LIQUES				04110	VELL ATION					
CEI	RTIFICATE HOLDER				CANC	ELLATION					
	Eden Prairie Community 16700 Valley View Rd. Eden Prairie, MN 55346		er		THE	EXPIRATION D	ATE THEREOF	SCRIBED POLICIES BE CAN F, NOTICE WILL BE DELIVER Y PROVISIONS.		BEFORE	
					AUTHOR	RIZED REPRESEN	ITATIVE				
					David	l Murphy/DI	M	David N	lurphy		



DATE (MM/DD/YYYY) 4/17/2024

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to

	e terms and conditions of the policy, certificate holder in lieu of such endorse		•	icies may require an endo	rseme	nt. A stateme	ent on this ce	rtificate does not confer	rights to	o the
	DUCER		/-		CONTAC NAME:	T David M	urphy			
Bea	con Sports Insurance, LLC				PHONE (A/C, No	(070)	578-4775	FAX (A/C, No):		
	Princes Pine Rd				E-MAIL	SS: Dave@bea				
Nor	walk CT 06850				ADDRES			DING COVERAGE		NAIC #
					INCLIDE			emnity Insurance Co	mnar	NAIC #
INSU	RED				INSURE		siphia ina	chartey insurance co	мраг	
Pow	er Hockey LLC				INSURE					
	78 107th Ave				INSURE					
A11	egan MI 490	10			INSURE					
	- 9		ATF	NUMBER: CL17215003		K F :		REVISION NUMBER:		
	HIS IS TO CERTIFY THAT THE POLICIES OF					ED TO THE IN:			PERIOD	
С	IDICATED. NOTWITHSTANDING ANY REQUESTIFICATE MAY BE ISSUED OR MAY PER KCLUSIONS AND CONDITIONS OF SUCH P	TAIN,	THEIN	NSURANCE AFFORDED BY T	HE POL	ICIES DESCRI	BED HEREIN I			
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3	
	KZK COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
A	CLAIMS-MADE x OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
		x		PHPK2644584		03/01/2024	03/01/2025	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	ıl						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/VEHICLE	•	ORD 10	1, Additional Remarks Schedule, m	ay be atta	iched if more spac	ce is required)			
CEI	RTIFICATE HOLDER				CANCELLATION					
	Elk River Arena Elk River High School 10 School Street	000			THE	EXPIRATION D	ATE THEREOF	SCRIBED POLICIES BE CAN F, NOTICE WILL BE DELIVER Y PROVISIONS.		BEFORE

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David Murphy

Elk River, MN 55330

AUTHORIZED REPRESENTATIVE

David Murphy/DM



DATE (MM/DD/YYYY) 4/17/2024

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.

	erms and conditions of the policy, c ficate holder in lieu of such endorse		-	icies may require an endo	CONTACT David Murphy PHONE (978) 578-4775 (A/C, No, Ext): (978) 578-4775					o the
PRODUC	ER		` '		CONTAC NAME:	T David M	urphy			
Beaco	n Sports Insurance, LLC				PHONE (A/C. No	Ext): (978)	578-4775	FAX (A/C, No):		
36 Pr	inces Pine Rd				E-MAIL ADDRES	SS: Dave@bea	aconsports			
Norwa	lk CT 06850				7.55.1.2			DING COVERAGE		NAIC #
					INSURE			emnity Insurance Co	ompar	
INSURE)				INSURE	RB:				
Power	Hockey LLC				INSURE	RC:				
4178	107th Ave				INSURE	RD:				
					INSURE	RE:				
Alleg	an MI 490	10			INSURE	RF:				
COVE	RAGES CER	TIFIC	ATE	NUMBER: CL17215003	10			REVISION NUMBER:		
INDIC CERT	IS TO CERTIFY THAT THE POLICIES OF CATED. NOTWITHSTANDING ANY REQU TIFICATE MAY BE ISSUED OR MAY PERT USIONS AND CONDITIONS OF SUCH P	IREM ΓΑΙΝ, ⁻	ENT, 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 WHIC	CH THIS	
INSR LTR	TYPE OF INSURANCE		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	 3	
X2		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
		x		PHPK2644584		03/01/2024	03/01/2025	MED EXP (Any one person)	\$	0
								PERSONAL & ADV INJURY	\$	1,000,000
GI	EN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	3,000,000
x								PRODUCTS - COMP/OP AGG	\$	3,000,000
	OTHER:							The Boot of Committee The Committee	\$	
Al	JTOMOBILE 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 (Per accident)	\$	
	AUTOS							(Fer accident)	\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$								\$	
	ORKERS COMPENSATION							PER OTH- STATUTE ER		
AN	D EMPLOYERS' LIABILITY Y PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$	
	FICER/MEMBER EXCLUDED? andatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$	
lif v	es, describe under SCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
	Service Service Service Service								•	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Additional insured listed below										
CEDT	FICATE HOLDER				CANCELLATION					
	Fenton Forum Ice Arena 1771 Gilsinn Ln Fenton, MO 63026				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE					BEFORE
					David	Murphy/DI	M	David N	lurphy	



DATE (MM/DD/YYYY) 4/17/2024

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		rms and conditions cate holder in lieu o			•	icies may require an endo	rsemei	nt. A stateme	ent on this ce	rtificate does not conf	er rights t	to the
PRC	DUCE	R			`,		CONTAC NAME:	T David Mu	urphy			
Bea	acon	n Sports Insura	nce, LLC				PHONE (A/C, No	(978)	 578-4775	FAX (A/C, N	٠.	
36	Pri	nces Pine Rd					E-MAIL	SS: Dave@bea	aconsports	ins.com	<i>,</i>	
No:	rwal	k CT 06850					ADDRES			DING COVERAGE		NAIC #
							INSURE		. ,	emnity Insurance	Compar	NAIC #
INSU	JRED						INSURE	RB:				
Po	ver	Hockey LLC					INSURE	R C :				
41	78 1	.07th Ave					INSURE	R D :				
							INSURE	RE:				
A 1	Lega	ın	MI 490	10			INSURE					
СО	VER	AGES	CER	TIFIC	ATE	NUMBER: CL17215003	10			REVISION NUMBER:		
11 C	NDICA ERTI	ATED. NOTWITHSTAN FICATE MAY BE ISSUE	DING ANY REQUED OR MAY PERT	IIREM FAIN, 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	RACT OR OTH ICIES DESCRI UCED BY PAID	HER DOCUMEN BED HEREIN I CLAIMS.	NT WITH RESPECT TO W	HICH THIS	
INSR LTR		TYPE OF INSURA	NCE	ADDL INSD	SUBR WVD	POLICY NUMBER	MBER POLICY EFF POLIC (MM/DD/YYYY) (MM/DD			Ц	MITS	
	хх	COMMERCIAL GENERAL	LIABILITY							EACH OCCURRENCE	\$	1,000,000
A		CLAIMS-MADE 2	OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
				x	PHPK2644584			03/01/2024	03/01/2025	MED EXP (Any one person)	\$	0
										PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APP	PLIES PER:							GENERAL AGGREGATE	\$	3,000,000
	x	POLICY PRO- JECT	LOC							PRODUCTS - COMP/OP AGG		3,000,000
		OTHER:								COMPINED OINOLE LIMIT	\$	
	AUT	TOMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)	\$	
		ANY AUTO								BODILY INJURY (Per person) \$	
		AUTOS	SCHEDULED AUTOS							BODILY INJURY (Per accide	nt) \$	
			NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$	
											\$	
		UMBRELLA LIAB	OCCUR							EACH OCCURRENCE	\$	
		EXCESS LIAB	CLAIMS-MADE							AGGREGATE	\$	
		DED RETENTION	۱\$							1050	\$	
		RKERS COMPENSATION EMPLOYERS' LIABILITY	Y/N							PER OTH STATUTE ER		
		PROPRIETOR/PARTNER/EXICER/MEMBER EXCLUDED?	KECUTIVE	N/A						E.L. EACH ACCIDENT	\$	
	(Mar	ndatory in NH) s, describe under								E.L. DISEASE - EA EMPLOYE	E \$	
	DES	CRIPTION OF OPERATION	S below							E.L. DISEASE - POLICY LIMIT	\$	
		TION OF OPERATIONS/LOC. Onal insured 1		•	DRD 10	l 1, Additional Remarks Schedule, m	ay be atta	ched if more spac	ce is required)			
CF	RTIF	ICATE HOLDER					CANC	ELLATION				
	G 1	Fraham Arena .570 Fairgroun		SE			SHO THE ACC	ULD ANY OF T EXPIRATION D	OATE THEREOF	SCRIBED POLICIES BE C F, NOTICE WILL BE DELIV 7 PROVISIONS.) BEFORE
								Murphy/Di		David	l Murphy	



DATE (MM/DD/YYYY) 4/17/2024

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s)

	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 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				7.55.1.2			DING COVERAGE		NAIC #
					INSURE			emnity Insurance C	ompar	
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	IIS IS TO CERTIFY THAT THE POLICIES OF DICATED. NOTWITHSTANDING ANY REQUENTIFICATE MAY BE ISSUED OR MAY PER CCLUSIONS AND CONDITIONS OF SUCH P	JIREM ΓΑΙΝ,	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		ADDL	SUBR		LIVICED	POLICY EFF	POLICY EXP	LIMIT	·e	
LTR	TYPE OF INSURANCE XX COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT EACH OCCURRENCE	\$ \$	1,000,000
								DAMAGE TO RENTED		100,000
A	CLAIMS-MADE X OCCUR	x		PHPK2644584		03/01/2024	03/01/2025	PREMISES (Ea occurrence)	\$	0
		**		FHFR2044304		03/01/2024	03/01/2023	MED EXP (Any one person) PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:								\$	3,000,000
								GENERAL AGGREGATE	\$	3,000,000
								PRODUCTS - COMP/OP AGG	\$	3,000,000
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$	
								(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)	\$	
	UMBRELLA LIAB OCCUB							EAGLI GOOLIDDENIGE		
	H_waranina H occor							EACH OCCURRENCE	\$	
	CEAIWO-IWADE							AGGREGATE	\$	
	DED RETENTION \$ WORKERS COMPENSATION							PER OTH- STATUTE ER	\$	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y / N							STATUTE ER	\$	
	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	Ф	
	RIPTION OF OPERATIONS/LOCATIONS/VEHICLE Litional insured listed below	•	ORD 10	1, Additional Remarks Schedule, m	ay be atta	ched if more space	ce is required)			
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 F PROVISIONS.		BEFORE
	,				AUTHOR	RIZED REPRESEN	ITATIVE			
					David Murphy/DM David Murphy					



DATE (MM/DD/YYYY) 4/17/2024

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		NAME:											
PRO	DUCE	R				` '		CONTAC NAME:	CT David Mu	urphy			
Bea	con	Sports Insura	ance	, LLC				PHONE	(978).	578-4775	FAX (A/C, No):		
36	Pri	nces Pine Rd						E-MAIL	_{SS:} Dave@bea	aconsports	sins.com		
Nor	wal	k CT 06850						ADDRES			DING COVERAGE		NAIC #
								INCLIDE			emnity Insurance C	ompar	IVAIO #
INSU	RED							INSURE		sipiira ind	emmicy insurance c	ompar	
		Hockey LLC											
		.07th Ave						INSURE					
	•	.07011 1110						INSURE					
2 1 1	.ega	ın.		MI 490	10			INSURE					
	_	AGES				`ATE	NUMBER: CL17215003	INSURE	RF:		REVISION NUMBER:		
			THF P				CE LISTED BELOW HAVE BEI		IED TO THE IN:			PERIOD	
							TERM OR CONDITION OF AN						
							NSURANCE AFFORDED BY T				S SUBJECT TO ALL THE TE	RMS,	
INSR	T			OF SUCH P		SUBR	MITS SHOWN MAY HAVE BE	EN KED	POLICY EFF	POLICY EXP			
LTR		TYPE OF INSUR			INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT		
	ХX	COMMERCIAL GENERA	AL LIAB	BILITY							EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000
A		CLAIMS-MADE	x O	CCUR							PREMISES (Ea occurrence)	\$	100,000
					X		PHPK2644584		03/01/2024	03/01/2025	MED EXP (Any one person)	\$	0
											PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT AP	PPLIES	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	SCHE	EDULED							BODILY INJURY (Per accident)	\$	
		HIRED AUTOS	NON-	OWNED							PROPERTY DAMAGE (Per accident)	\$	
			7010	,,,							(i ci dooldent)	\$	
		UMBRELLA LIAB		OCCUR							EACH OCCURRENCE	\$	
		EXCESS LIAB		CLAIMS-MADE							AGGREGATE	\$	
		DED RETENTION			İ						710011207112	\$	
		RKERS COMPENSATION									PER OTH- STATUTE ER	Ψ	
	1	PROPRIETOR/PARTNER/E		TIVE Y/N							E.L. EACH ACCIDENT	\$	
	OFFI	ICER/MEMBER EXCLUDED			N/A						E.L. DISEASE - EA EMPLOYEE	\$	
	If ves	s. describe under	NO 1 - 1-								E.L. DISEASE - POLICY LIMIT	\$	
	DES	CRIPTION OF OPERATIO	NS Deid	DW							E.L. DISEASE - POLICY LIMIT	Ψ	
		TION OF OPERATIONS/LO			•	DRD 10	l 1, Additional Remarks Schedule, m	ay be atta	ached if more spac	ce is required)			
L													
CE	RTIF	ICATE HOLDER						CANC	ELLATION				
	9	Mobbs Ice Cen 15 Menomonie Cau Claire, W	st.					THE	EXPIRATION D ORDANCE WIT	PATE THEREOF	SCRIBED POLICIES BE CAN F, NOTICE WILL BE DELIVER Y PROVISIONS.		BEFORE
		-						AUTHO	RIZED REPRESEN	ITATIVE			
								David Murphy/DM David Murphy					



DATE (MM/DD/YYYY) 4/17/2024

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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	_{SS:} Dave@bea		(A/C, No):		
	walk CT 06850				ADDRES					
NOI	walk C1 00050				INCLIDE			DING COVERAGE emnity Insurance Co	omnar	NAIC #
INSU	RED				INSURE		erpiira ina	camine instrument co	Jupai	
Pov	er Hockey LLC				INSURE					
417	78 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 PO	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
		х		PHPK2644584		03/01/2024	03/01/2025	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	\$	
	CEATIVIO-IVIABE							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	\$	
	CRIPTION OF OPERATIONS/LOCATIONS/VEHICLE: ditional insured listed below	S (ACC	ORD 10	1, Additional Remarks Schedule, m	ay be atta	ched if more space	ce is required)			
CE	RTIFICATE HOLDER				CANC	ELLATION				
	Ice Box 1421 S. Walnut St South Bend, IN 46619				THE	EXPIRATION D	ATE THEREOF	SCRIBED POLICIES BE CAN F, NOTICE WILL BE DELIVER PROVISIONS.		BEFORE
	2011 20114, 111 10017				AUTHOR	RIZED REPRESEN	ITATIVE			
	I				David	Murphy/Di	M	David N	lurphy	



DATE (MM/DD/YYYY) 4/17/2024

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	ne terms and conditions of the policy, co 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 the CONTACT David Murphy					o the	
PRO	DUCER		` '		CONTAC NAME:	T David Mu	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	IRED				INSURE	RB:					
Pov	ver Hockey LLC				INSURE	RC:					
417	78 107th Ave				INSURE	RD:					
					INSURE	RE:					
All	Legan MI 490	10			INSURE	RF:					
				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 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	.,,,,,,						EACH OCCURRENCE	\$	1,000,000	
А	CLAIMS-MADE x OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
		x		PHPK2644584		03/01/2024	03/01/2025	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 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											
CE	RTIFICATE HOLDER				CANC	ELLATION					
	Ice Centre at the Promen 10710 Westminster Blvd Westminster, CO 80020	ade	.		THE ACC	EXPIRATION D ORDANCE WIT	ATE THEREOF	SCRIBED POLICIES BE CAN F, NOTICE WILL BE DELIVER PROVISIONS.		BEFORE	
					AUTHOR	RIZED REPRESEN	ITATIVE				
					David Murphy/DM						



DATE (MM/DD/YYYY) 4/17/2024

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	he terms and conditions of the certificate holder in lieu of such			•	icies may require an endo	rsemer	nt. A stateme	ent on this ce	rtificate does not co	onfer rights t	o the		
PRO	DDUCER			`,		CONTAC NAME:	T David Mu	urphy					
Ве	acon Sports Insurance,	LLC				PHONE (A/C, No	(978)	 578-4775	FAX	, No):			
36	Princes Pine Rd					E-MAIL	SS: Dave@bea	aconsports	ins.com	, 110).			
No	rwalk CT 06850					ADDRES			DING COVERAGE		NAIC #		
						INSURE		. ,	emnity Insurance	ce Compar	INAIO #		
INS	URED					INSURE	RB:						
Po	wer Hockey LLC					INSURE	R C :						
41	78 107th Ave					INSURE	R D :						
						INSURE	RE:						
Al	legan M	41 490	10			INSURE							
CC	OVERAGES	CER	TIFIC	ATE	NUMBER: CL17215003	10			REVISION NUMBE	R:			
II C	THIS IS TO CERTIFY THAT THE PO NDICATED. NOTWITHSTANDING A CERTIFICATE MAY BE ISSUED OR EXCLUSIONS AND CONDITIONS O	ANY REQUI MAY PERT F 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 I CLAIMS.	NT WITH RESPECT TO	WHICH THIS			
INSF LTR	TYPE OF INSURANCE		ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF POLICY EX (MM/DD/YYYY) (MM/DD/YYYY				LIMITS			
	KX COMMERCIAL GENERAL LIABIL						,	•	EACH OCCURRENCE	\$	1,000,000		
А	CLAIMS-MADE x OCC	CUR							DAMAGE TO RENTED PREMISES (Ea occurrent	ce) \$	100,000		
			х		PHPK2644584		03/01/2024	03/01/2025	MED EXP (Any one perso		0		
									PERSONAL & ADV INJUI	RY \$	1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PE	R:							GENERAL AGGREGATE	\$	3,000,000		
	x POLICY PRO- JECT L	.00							PRODUCTS - COMP/OP A	AGG \$	3,000,000		
	OTHER:									\$			
	AUTOMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)	\$			
	ANY AUTO								BODILY INJURY (Per per	rson) \$			
	ALL OWNED SCHED AUTOS								BODILY INJURY (Per acc	cident) \$			
	HIRED AUTOS NON-ON AUTOS								PROPERTY DAMAGE (Per accident)	\$			
										\$			
	UMBRELLA LIAB OCC	CUR							EACH OCCURRENCE	\$			
	EXCESS LIAB CLA	AIMS-MADE							AGGREGATE	\$			
	DED RETENTION \$									\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N							PER C STATUTE E	OTH- ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVOFFICER/MEMBER EXCLUDED?	/F []	N/A						E.L. EACH ACCIDENT	\$			
	(Mandatory in NH) If yes, describe under								E.L. DISEASE - EA EMPLO	OYEE \$			
	DESCRIPTION OF OPERATIONS below								E.L. DISEASE - POLICY L	IMIT \$			
	SCRIPTION OF OPERATIONS / LOCATIONS ditional insured listed		S (ACC	ORD 10	1, Additional Remarks Schedule, m	ay be atta	ched if more space	ce is required)					
CE	RTIFICATE HOLDER					CANC	ELLATION						
	Idaho Ice World 7072 S. Eisenman F Boise, ID 83716	₹đ				THE ACC	EXPIRATION D ORDANCE WIT	OATE THEREOF	SCRIBED POLICIES BI F, NOTICE WILL BE DE 7 PROVISIONS.		BEFORE		
	,					AUTHOR	RIZED REPRESEN	ITATIVE					
						David	Murphy/Di	٧ſ	David Murphy				



DATE (MM/DD/YYYY) 4/17/2024

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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		ι(ο).		CONTAC	OT David M	ırphy			
	acon Sports Insurance, LLC				PHONE	(978)	578-4775	FAX		
	Princes Pine Rd				(A/C, No E-MAIL	_{SS:} Dave@bea		(A/C, No):		
	rwalk CT 06850				ADDRES					NAIC #
110.	twalk of 00050				INCLIDE			DING COVERAGE emnity Insurance Co	ompar	NAIC #
INSU	JRED				INSURE		erphira ind	emmicy insurance co	Jiipai	
Pot	wer Hockey LLC				INSURE					
	78 107th Ave				INSURE					
					INSURE					
A 1:	legan MI 490	10			INSURE					
СО	VERAGES CERT	TIFIC	ATE	NUMBER: CL17215003				REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIES OF NDICATED. NOTWITHSTANDING ANY REQUI ERTIFICATE MAY BE ISSUED OR MAY PERT XCLUSIONS AND CONDITIONS OF SUCH PO	IREM AIN, OLICI	ENT, [·] THE II ES. LI	TERM OR CONDITION OF AN NSURANCE AFFORDED BY T	Y CONT	TRACT 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	\$	
	KX COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
A	CLAIMS-MADE x OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
		X		PHPK2644584		03/01/2024	03/01/2025	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 \$							LDED. LOTU	\$	
	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	L CRIPTION OF OPERATIONS / LOCATIONS / VEHICLES	(ACC	ORD 10	ı 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	a LLC, Black Knight	Sport	s and Ent	ertainment	LLC		
CE	RTIFICATE HOLDER				CANC	ELLATION				
	Lifeguard Arena 222 S. Water St. Henderson, NV 89015				THE	EXPIRATION D ORDANCE WIT	ATE THEREOF	SCRIBED POLICIES BE CAN 7, NOTICE WILL BE DELIVER 7 PROVISIONS.		BEFORE
					AUTHOR	RIZED REPRESEN	IIATIVE			
					David Murphy/DM					



DATE (MM/DD/YYYY) 4/17/2024

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s)

	e terms and conditions of the policy, dertificate 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			emnity Insurance C	ompar	
INSU	RED				INSURE		_	-	_	
Pov	er Hockey LLC				INSURE					
417	8 107th Ave				INSURE					
					INSURE	RE:				
Al]	egan MI 490	10			INSURE					
СО	VERAGES CER	TIFIC	CATE	NUMBER: CL17215003	-			REVISION NUMBER:	<u> </u>	
IN C	HIS IS TO CERTIFY THAT THE POLICIES OF DICATED. NOTWITHSTANDING ANY REQUENTIFICATE MAY BE ISSUED OR MAY PER KCLUSIONS AND CONDITIONS OF SUCH P	JIREN 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	TYPE OF INSURANCE	ADDL	SUBR		LITILED	POLICY EFF	POLICY EXP	LIMIT	· c	
LTR	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	EACH OCCURRENCE	\$	1,000,000
7								DAMAGE TO RENTED	\$	100,000
A	CLAIMS-MADE X OCCUR	x		PHPK2644584		03/01/2024	03/01/2025	PREMISES (Ea occurrence)		0
			PHPK2044304			03/01/2021	03/01/2023	MED EXP (Any one person) 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
								PRODUCTS - COMP/OP AGG	\$	3,000,000
	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							EACH OCCURRENCE	\$	
	EXCESS LIAB OCCUR CLAIMS-MADE							AGGREGATE	\$	
	CEATIVIO-IVIADE							AGGREGATE	\$	
	DED RETENTION \$ WORKERS COMPENSATION							PER OTH- STATUTE ER	Ψ	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							STATUTE ER 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 DOIOW							E.L. DISEASE - POLICY LIMIT	Ψ	
	CRIPTION OF OPERATIONS/LOCATIONS/VEHICLE: Litional insured listed below	•	ORD 10	11, Additional Remarks Schedule, m	ay be atta	ched if more space	ce is required)			
					0.1116	NELL ATION				
CE	RTIFICATE HOLDER				CANC	ELLATION				
	M Health Fairview Sports 4125 Radio Dr. Woodbury, MN 55129	s Ce	ente	r	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	IIATIVE			
					David Murphy/DM					



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 condition certificate holder in lie				icies may require an endo	rseme	nt. A stateme	ent on this ce	rtificate does not confer	rights t	o the	
PRODUCER	<u> </u>		τ(ο).		CONTAC	OT David M	urphy				
Beacon Sports Insu	rance. LLC				NAME: PHONE	(978)	578-4775	FAX			
36 Princes Pine Ro	-				(A/C, No E-MAIL	_{SS:} Dave@bea		ins.com			
Norwalk CT 06850	•				ADDRES						
NOIWAIR CI 00050					INCURE			DING COVERAGE emnity Insurance C	ompar	NAIC #	
INSURED					INSURE		sipilia iliu	emmicy insurance c	ompai		
Power Hockey LLC					INSURE						
4178 107th Ave					INSURE						
					INSURE						
Allegan	MI 490	10			INSURE						
COVERAGES	CER	TIFIC	ATE	NUMBER: CL17215003				REVISION NUMBER:			
INDICATED. NOTWITHS CERTIFICATE MAY BE IS	TANDING ANY REQU SUED OR MAY PER	JIREM TAIN, 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	SURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
XX COMMERCIAL GEN	ERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000	
A CLAIMS-MADE	x OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
		х		PHPK2644584		03/01/2024	03/01/2025	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:									\$		
AUTOMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)	\$		
ANY AUTO								BODILY INJURY (Per person)	\$		
ALL OWNED	SCHEDULED							BODILY INJURY (Per accident)	\$		
AUTOS HIRED AUTOS	AUTOS NON-OWNED							PROPERTY DAMAGE	\$		
HIREDAUTOS	AUTOS							(Per accident)	\$		
UMBRELLA LIAB	T DOOLID							EACH OCCURRENCE	\$		
EXCESS LIAB	OCCUR CLAIMS-MADE							AGGREGATE	\$		
		1						AGGREGATE	\$		
DED RETEN	ITION \$ ON							PER OTH-	Φ		
AND EMPLOYERS' LIABIL ANY PROPRIETOR/PARTNI	I / IN							STATUTE ER	Φ.		
OFFICER/MEMBER EXCLU		N/A						E.L. EACH ACCIDENT	\$		
(Mandatory in NH) If yes, describe under								E.L. DISEASE - EA EMPLOYEE	\$		
DÉSCRIPTION OF OPERA	TIONS 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	•				CANC	ELLATION					
Maple Grove 12951 Weaver Maple Grove	Ice Arena r Lake Rd				SHO THE ACC	ULD ANY OF T EXPIRATION D ORDANCE WIT	PATE THEREOF	SCRIBED POLICIES BE CAN F, NOTICE WILL BE DELIVER PROVISIONS.		BEFORE	
					AUTHOR	RIZED REPRESEN	HALIVE				
1					David Murphy/DM						



DATE (MM/DD/YYYY) 4/17/2024

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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		ι-/-		CONTAC NAME:	T David Mu	urphy				
Bea	con Sports Insurance, LLC				PHONE	(079)	578-4775	FAX (A/C, No):			
	Princes Pine Rd				E-MAIL	SS: Dave@bea					
Nor	walk CT 06850				ADDICES			DING COVERAGE		NAIC #	
					INSURE			emnity Insurance Co	ompar		
INSU	RED				INSURE	RB:	_	-	-		
Pov	er Hockey LLC				INSURE						
417	78 107th Ave				INSURE	RD:					
					INSURE	RE:					
All	egan MI 490	10			INSURE	RF:					
				NUMBER: CL17215003				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 PO	IREM AIN,	ENT, 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 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		
	KZK COMMERCIAL GENERAL LIABILITY	под	1112			(,	(EACH OCCURRENCE	\$	1,000,000	
A	CLAIMS-MADE x OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
		х		PHPK2644584		03/01/2024	03/01/2025	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 NON-OWNED							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- STATUTE ER	\$		
	AND EMPLOYERS' LIABILITY Y/N										
	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	\$		
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					
	McFarland Community Ice 4812 Marsh Rd McFarland, WI 53558	Are	ena		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	HALIVE				
					David Murphy/DM David Murphy						



DATE (MM/DD/YYYY) 4/17/2024

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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		• • •	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:	<u> </u>	
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 DOCUMEN BED HEREIN I	NT WITH RESPECT TO WHI	CH THIS	
INSR		ADDL	SUBR		LIVICED	POLICY EFF	POLICY EXP	LIMIT	· c	
LTR	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	EACH OCCURRENCE	\$	1,000,000
A	CLAIMS-MADE x OCCUR							DAMAGE TO RENTED	\$	100,000
	CLAINIS-INIADE X OCCUR	х		PHPK2644584		03/01/2024	03/01/2025	PREMISES (Ea occurrence) MED EXP (Any one person)	\$	0
				1		007 017 1021	00, 01, 1010	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
								FRODUCTS - COMIF/OF AGG	\$	
	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 AUTOS AUTOS							PROPERTY DAMAGE	\$	
	HIRED AUTOS AUTOS							(Per accident)	\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$							AGGILLOATE	\$	
	WORKERS COMPENSATION							PER OTH- STATUTE ER	Ψ	
	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 BEIOW							E.E. DIOLAGE - I GLIGIT LIWITI	Ι Ψ	
	RIPTION OF OPERATIONS/LOCATIONS/VEHICLES LITTION OF OPERATIONS / LOCATIONS / VEHICLES LITTION OF OPERATIONS / LOCATIONS / VEHICLES	S (ACC	ORD 10	1, Additional Remarks Schedule, m	ay be atta	ched if more spac	ce is required)			
<u> </u>										
CEI	RTIFICATE HOLDER				CANC	ELLATION				
	NoCo Ice Center 7900 S COUNTY ROAD 5 Fort Collins, CO 80528				THE ACC	EXPIRATION D ORDANCE WIT	PATE THEREOF	SCRIBED POLICIES BE CAN F, NOTICE WILL BE DELIVER 7 PROVISIONS.		BEFORE
					AUTHOR	RIZED REPRESEN	ITATIVE			
					David Murphy/DM					



DATE (MM/DD/YYYY) 4/17/2024

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.

		rms and conditions				•	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 M	urphy			
Bea	cor	Sports Insura	ance	, LLC				PHONE (A/C, No	(978)	578-4775	FAX (A/C, No):		
36	Pri	nces Pine Rd						E-MAIL	SS: Dave@be	aconsports	sins.com		
Nor	wal	k CT 06850						ADDILL			DING COVERAGE		NAIC #
								INSURE			emnity Insurance C	ompar	
INSU	RED							INSURE				J	
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. NOTWITHSTAI FICATE MAY BE ISSU	NDINO JED O	ANY REQU R MAY PERT	IIREM TAIN, [*] 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 DOCUME! BED HEREIN I CLAIMS.	NT WITH RESPECT TO WHIC	CH THIS	
INSR LTR		TYPE OF INSUR	RANCE		INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	ХX	COMMERCIAL GENERA	AL LIAE	BILITY							EACH OCCURRENCE	\$	1,000,000
A		CLAIMS-MADE	x 0	CCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
					x		PHPK2644584		03/01/2024	03/01/2025	MED EXP (Any one person)	\$	0
											PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT AP	PPLIES	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	7								BODILY INJURY (Per person)	\$	
		ALL OWNED AUTOS	AUTO	EDULED OS							BODILY INJURY (Per accident)	\$	
		HIRED AUTOS	NON-	OWNED OS							PROPERTY DAMAGE (Per accident)	\$	
			<u> </u>									\$	
		UMBRELLA LIAB	c	CCUR							EACH OCCURRENCE	\$	
		EXCESS LIAB	С	CLAIMS-MADE							AGGREGATE	\$	
		DED RETENTIO	ON \$									\$	
		RKERS COMPENSATION EMPLOYERS' LIABILITY	,	Y/N							PER OTH- STATUTE ER		
		PROPRIETOR/PARTNER/EICER/MEMBER EXCLUDED		TIVE	N/A						E.L. EACH ACCIDENT	\$	
	(Mar	ndatory in NH) s, describe under	υ.	Ш							E.L. DISEASE - EA EMPLOYEE	\$	
	DES	CRIPTION OF OPERATIO	NS belo	OW							E.L. DISEASE - POLICY LIMIT	\$	
		TION OF OPERATIONS / LO			•	DRD 10	1, Additional Remarks Schedule, m	ay be atta	sched if more space	ce is required)			
CE	2715	FICATE HOLDER						CANC	ELLATION				
	V 1 11	ICATE HOLDER						CANC	LLLATION				
	2	Torth Shore I 2111 Founders Torthbrook, I	Dr.	•				THE	EXPIRATION D	ATE THEREOF	SCRIBED POLICIES BE CAN F, NOTICE WILL BE DELIVER / PROVISIONS.		BEFORE
		, -						AUTHOR	RIZED REPRESEN	ITATIVE			
								David Murphy/DM David Murphy					



DATE (MM/DD/YYYY) 4/17/2024

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s)

	ertificate holder in lieu of such endorse		•	icles may require an endo	/ Scilici	iii. A stateiiie	in on this ce	illicate does not come	rigins t	o trie	
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	rwalk CT 06850							DING COVERAGE		NAIC #	
					INSURE	RA: Philade	elphia Ind	emnity Insurance C	ompar		
INSU	JRED				INSURE	RB:					
Pot	wer Hockey LLC				INSURE	RC:					
41'	78 107th Ave				INSURE	RD:					
					INSURE	RE:					
A 1	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 REQUENTIFICATE MAY BE ISSUED OR MAY PERT XCLUSIONS AND CONDITIONS OF SUCH PORTIONS OF SU	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 WHIC	CH THIS		
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	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	
		х		PHPK2644584		03/01/2024	03/01/2025	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							DER LOTH	\$		
	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	\$		
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Additional insured listed below											
	DTIFICATE LIQUES				CANC	NELL ATION					
CE	RTIFICATE HOLDER				CANC	ELLATION					
	OBM Arena Out of the Box Enterpris 15381 Royalton Rd	ses			THE	EXPIRATION D	ATE THEREOF	SCRIBED POLICIES BE CAN F, NOTICE WILL BE DELIVER 7 PROVISIONS.		BEFORE	
	Strongsville, OH 44136				AUTHO	RIZED REPRESEN	ITATIVE				
	1				David	l Murphy/DI	М	David N	lurphy		



DATE (MM/DD/YYYY) 4/17/2024

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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					, 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:					
A11	Legan MI 490	10			INSURE	RF:					
				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 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	.,,,,,,						EACH OCCURRENCE	\$	1,000,000	
A	CLAIMS-MADE x OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
		x		PHPK2644584		03/01/2024	03/01/2025	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 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 attional insured listed below	S (ACC	ORD 10	1, Additional Remarks Schedule, m	ay be atta	ched if more spac	ce is required)				
CEI	RTIFICATE HOLDER				CANC	ELLATION					
	O'Malley Sports Center 11111 O'Malley Center Dr Anchorage, AK 99515				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	HALIVE				
					David Murphy/DM David Murphy						



DATE (MM/DD/YYYY) 4/17/2024

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tł	te terms and conditions of the policy, c	ertai	n poli								
	ertificate holder in lieu of such endorse	men	t(s).		CONTAC	OT David Mu	umnher				
	con Sports Insurance, LLC				NAME: PHONE	(079)	578-4775		FAX		
	Princes Pine Rd				(A/C. No	_{SS:} Dave@bea		ing gom	(A/C, No):		
	walk CT 06850				ADDRE						
NOI	Walk CI 06650							DING COVERAGE			NAIC #
INSU	DED						elphia Ind	emnity Insur	rance Co	ompar	
					INSURE						
	ver Hockey LLC				INSURE						
41	78 107th Ave				INSURE	RD:					
	400				INSURE	RE:					
	egan MI 490				INSURE	RF:					
	VERAGES CERT HIS IS TO CERTIFY THAT THE POLICIES OF			NUMBER: CL17215003				REVISION NUM		DEDIOD	
	IDICATED. NOTWITHSTANDING ANY REQU										
С	ERTIFICATE MAY BE ISSUED OR MAY PERT	AIN,	THEIN	NSURANCE AFFORDED BY T	HE POL	ICIES DESCRI	BED HEREIN I				
INSR	XCLUSIONS AND CONDITIONS OF SUCH PO		ES. LI ISUBR	MITS SHOWN MAY HAVE BEI	EN RED	UCED BY PAID POLICY EFF	OCLAIMS. POLICY EXP				
LTR	TYPE OF INSURANCE		WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMITS	3	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTE		\$	1,000,000
A	CLAIMS-MADE x OCCUR							PREMISES (Ea occi		\$	100,000
		x		PHPK2644584		03/01/2024	03/01/2025	MED EXP (Any one	person)	\$	0
								PERSONAL & ADV	INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	ATE	\$	3,000,000
	x POLICY PRO- JECT LOC							PRODUCTS - COMP	P/OP AGG	\$	3,000,000
	OTHER:									\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$	
	ANY AUTO							BODILY INJURY (Pe	er person)	\$	
	ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Pe		\$	
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAG (Per accident)	SE .	\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	CE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDEN	NT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA E	MPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$	
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLES	(ACC	ORD 10	1, Additional Remarks Schedule, m	ay be atta	ched if more space	ce is required)				
Ado	litional insured listed below										
CE	RTIFICATE HOLDER				CANO	ELLATION					
								SCRIBED POLICIE			BEFORE
	Onalaska Omni Center							F, NOTICE WILL BE Y PROVISIONS.	E DELIVERI	ED IN	
	255 Riders Club Road										
	Onalaska, WI 54650				AUTHO	RIZED REPRESEN	ITATIVE				
									- 0.1	1	
					David Murphy/DM David Murphy						



DATE (MM/DD/YYYY) 4/17/2024

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PRODUCER Beacon Sports Insurance, LLC 36 Princes Pine Rd Norwalk CT 06850 NORWALK CT 08550 NORWAL		e 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		
BRACON Sports Insurance, LLC Norwalk CT 06850	PRO	DUCER		` '		CONTAC NAME:	T David Mu	urphy					
NOTIFICATE HOLDER SOURCE ALL STATE COMBRECATE COMBRES COM	Bea	con Sports Insurance, LLC					Ext): (978)	578-4775	FAX (A/C, No):				
NOUVERLA CT 06850 NOUVERLA CT 0	36	Princes Pine Rd				E-MAIL ADDRES	Ss: Dave@bea	aconsports					
MSURES M	Nor	walk CT 06850				71221121					NAIC #		
POWER BOCKEY LIC 4178 107th Ave MIX 49010						INSURE				ompar			
### ATT ALL OWNER ALL HARDER ALL OWNERS FOR THE POLICY PERIOD OF ANY CONTRACT OR O'THE INSURED NAMED ABOVE FOR THE POLICY PERIOD NICIONAL PROPERTY HAY THE POLICY PROPERTY HAY THE POLICY PERIOD NICIONAL PROPERTY HAY THE POLICY PROPERTY HAY THE POLICY PROPERTY HAY THE POLICY PROPERTY HAY THE POLICY PROVISIONS.	INSU	RED				INSURE	RB:						
ANY AUTO SCREPTIONS PLANT APPLES PER SCREPTION OF PREVENCING SCREEN SCRE	Pow	er Hockey LLC				INSURE	RC:						
ALT STOCK CONTENT THAT THE POLICE IS OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NUMBER:	417	78 107th Ave				INSURE	RD:						
COVERAGES CENTIFICATE NUMBER: CL1/32.5.00.3.0 REVISION NUMBER: THIS IS TO CERTIFY THAT THE POLICISOOP INSORPANCE LISTED EXCUTIVE DISTRICT OF THE INQUISE INCOME. THE NUMBER: STATE POLICY PORT THE POLICY PORT FOR THE POLICY POLICY PORT FOR THE POLICY PORT FOR THE POLICY PORT FOR THE POLICY POLICY PORT FOR THE POLICY PORT FOR THE POLICY PORT FOR THE POLICY POLICY PORT FOR THE POLICY PROVISIONS. THE POLICY PORT FOR THE POLICY POLICY POLICY POLICY PROVISIONS. THE POLICY POLICY POLICY POLICY POLICY PROVISIONS. THE POLICY POLICY POLICY POLICY POLICY PROVISIONS. THE EXPRENCIAL POLICY PROVISIONS. THE EXPRENCIAL POLICY PROVISIONS. THE EXPRENCIAL POLICY PROVISIONS. THE EXPRENCIAL POLICY PROVISIONS.						INSURE	RE:						
THIS IS O CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ARMY FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY COUNTROL OF CONTROL OF C	A11	egan MI 490	10			INSURE	RF:						
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER WAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORCED BY THE POLICES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS. EXCLUSIONS AND CONDITIONS OF SUCH POLICES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAUL CLAIMS. VI	CO	VERAGES CER	TIFIC	ATE	NUMBER: CL17215003	10			REVISION NUMBER:				
INS. W/D POLICY NUMBER (MMDDYTYY) (MMDDYTYY) (MMDDYTYY) (MMDDYTYY) (MMDDYTYY) (MMDDYTYY) (MMDDYTYY) (MMDDYTYY) (MMDDYTYY) (MMDDTYYY) (MMDTTY (MM	IN C	DICATED. NOTWITHSTANDING ANY REQUESTIFICATE MAY BE ISSUED OR MAY PERT	IREM AIN,	ENT, THE IN	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			
A COMMERCIAL GENERAL LIABILITY A CLAIMS-MADE	INSR		ADDL	SUBR			POLICY EFF	POLICY EXP	LIMITS	3			
A CLAINSMADE X OCCUR CENTAGREGATE LIMITAPPLIES PER PREVENTE A CONTROLLED ANY AUTO ANY AUTO ALL OWNED AND ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE RECENTION OF OPERATIONS JECKNICK FREE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE ANY AUTO WORKERS COMMENSATION ANY PROPERTION OF OPERATIONS JECKNICK JUST Additional Remarks Schedule, may be attached if more space is required) Additional insured listed below CERTIFICATE HOLDER CANCELLATION CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPRAISION DATE HEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. CERTIFICATE MILES ACCORDANCE WITH THE POLICY PROVISIONS.	LIK		INSD	WVD	T OLIC I NOMBER		(WIW/DD/TTTT)	(WIW/DD/TTTT)			1,000,000		
AUTON PROPURE LIABILITY PROPERTION S S S S S	Д	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED		100,000		
PERSONAL A ADV NAJURY \$ 1,000,000 GENERAL AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMPIOP AGG \$ 3,000,000 PRODUCTS - COMPIOP AGG		92 2 3000	x		PHPK2644584		03/01/2024	03/01/2025	, , , , , , , , , , , , , , , , , , , ,		0		
GENLAGGREGATE LIMIT APPLIES PER: POLICY POLICY POLICY LOC									` , ' , '		1,000,000		
PRODUCTS - COMPION AGG \$ 3,000,000		GEN'I AGGREGATE LIMIT APPLIES PER:									3,000,000		
OTHER: AUTOMOBILE LIBILITY ANY AUTO ANY AUTO ALL OWNED AUTOS HIRED AUTOS HIRED AUTOS HIRED AUTOS OCCUR EXCESS LIAB OCCUR EXCESS LIAB OCCUR EXCESS LIAB OCCUR CLAIMS-MADE OED RETENTION S WORKERS COMPENSATION AND GMIT-OUTER LIBILITY OFFICE REMEMBER EXCLUDED? (Mandadro) in NN) Hyes, describe under 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 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		PRO-									3,000,000		
AUTOMOBILE LIABILITY ANY AUTO ANY AUTO ALL OWNED AUTOS HIRED AUTOS HIRED AUTOS HIRED AUTOS AUTOS AUTOS HIRED AUTOS HIRED AUTOS HIRED AUTOS HIRED AUTOS HIRED AUTOS AUTOS AUTOS AUTOS HIRED AUTOS HIRED AUTOS HIRED AUTOS AUTOS AUTOS BODLY INJURY (Per person) \$ BODLY INJURY (Per person) \$ BODLY INJURY (Per person) \$ PROPERTY DAMAGE \$ PROPERTY DAMAGE \$ BODLY INJURY (Per accident) \$ PROPERTY DAMAGE \$ BODLY INJURY (Per accident) \$ REACH OCCURRENCE \$ AGGREGATE \$ AGGREGATE \$ AGGREGATE \$ BODLY INJURY (Per person) \$ BODLY INJURY (Per accident) \$ BODLY INJURY (Per person) \$ BODLY INJURY (PERSON)									11.020010 007017.00	•			
BODLY INJURY (Per person) S BO									COMBINED SINGLE LIMIT	\$			
ALL OWNED AUTOS AUTOS AUTOS AUTOS AUTOS NON-OWNED AUTOS NON-OWNED AUTOS NON-OWNED AUTOS NON-OWNED AUTOS NON-OWNED AUTOS NON-OWNED AUTOS SET PER accedent) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		ANY AUTO								\$			
HIRED AUTOS NON-OWNED AUTOS S		ALL OWNED SCHEDULED							BODILY INJURY (Per accident)	\$			
UMBRELLA LIAB		NON-OWNED							PROPERTY DAMAGE	\$			
EXCESS LIAB CLAIMS-MADE DED RETENTION S WORKERS COMPENSATION AND EMPLOYER'S LIABLITY ANY PROPRIETOR/PRATTIER/EXECUTIVE OFFICE/PROPRIETOR/PRATTIER/EXECUTIVE OFFICE/PROPRIETOR/PRATTIER/EXECUTIVE OFFICE/PROPRIETOR/PROPRIE		AUTOS							(Fer accident)	\$			
EXCESS LIAB CLAIMS-MADE DED		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
DED RETENTION \$ S		□ <u></u>											
WORKERS COMPENSATION AND EMPLOYERS 'LIABILITY ANY PROPRIETOR/PARTINER/SECUTIVE OFFICE/REMISER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Additional insured listed below CERTIFICATE HOLDER Patterson Ice Arena 2550 Patterson Ave. S.E. Grand Rapids, MI 49546		DED RETENTION \$											
ANY PROPRIETOR PARTINER EXECUTIVE OF FIGURAL MINER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below 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 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Grand Rapids, MT 49546		WORKERS COMPENSATION							PER OTH-				
CERTIFICATE HOLDER CANCELLATION		ANY PROPRIETOR/PARTNER/EXECUTIVE								\$			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Additional insured listed below CERTIFICATE HOLDER Patterson Ice Arena 2550 Patterson Ave. S.E. Grand Rapids, MI 49546			N/A						E.L. DISEASE - EA EMPLOYEE	\$			
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 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Grand Rapids, MI 49546		If ves, describe under											
Additional insured listed below CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Grand Rapids, MI 49546		Programment of the Englishment Street								•			
Additional insured listed below CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Grand Rapids, MI 49546													
Additional insured listed below CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Grand Rapids, MI 49546													
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Grand Rapids, MI 49546													
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Grand Rapids, MI 49546	CE	PTIEICATE HOLDER				CANO	ELLATION						
	<u>VEI</u>	Patterson Ice Arena 2550 Patterson Ave. S.E.				SHO THE ACC	ULD ANY OF T EXPIRATION D ORDANCE WIT	ATE THEREOF	, NOTICE WILL BE DELIVER		BEFORE		
David Murphy/DM David Murphy						David Murphy/DM							



DATE (MM/DD/YYYY) 4/17/2024

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		ns and conditionate holder in lie				•	licies may require an endo	rseme	nt. A stateme	ent on this ce	ertificate does no	t confer	rights t	o the			
PRC	DUCER					` '		CONTAC NAME:	CT David M	urphy							
Bea	acon	Sports Insu	ıran	ce, LLC				PHONE (A/C, No	(978)	578-4775		FAX (A/C, No):					
36	Prin	ces Pine Rd	i					E-MAIL	_{SS:} Dave@bea	aconsports	ins.com	(P4'0, 140).					
No	rwalk	CT 06850						ADDICE			DING COVERAGE			NAIC #			
								INSURE		` '	emnity Insura	ance Co	mpar				
INSU	JRED							INSURE	RB:								
Po	wer H	lockey LLC						INSURE	RC:								
41	78 10	7th Ave						INSURE	RD:								
								INSURE	RE:								
A 1	legan	L		MI 490	10			INSURE	RF:								
CO	VERA	GES		CER	TIFIC	CATE	NUMBER: CL17215003	10			REVISION NUM	BER:					
11 C	NDICAT ERTIFI	ED. NOTWITHST	TANE SUE	DING ANY REQU D OR MAY PER	JIREM TAIN, OLICI	IENT, ' THE II ES. LI	CE LISTED BELOW HAVE BEI TERM OR CONDITION OF AN NSURANCE AFFORDED BY T IMITS SHOWN MAY HAVE BE	IY CONT HE POL	TRACT OR OTH LICIES DESCRI LUCED BY PAID	HER DOCUME! BED HEREIN I CLAIMS.	NT WITH RESPECT	TO WHIC	CH THIS				
INSR LTR		TYPE OF INS	SURAI	NCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	3				
	хх С	COMMERCIAL GENE	ERAL	LIABILITY						,	EACH OCCURRENCE		\$	1,000,000			
A		CLAIMS-MADE	x	OCCUR							DAMAGE TO RENTED PREMISES (Ea occur	orrence)	\$	100,000			
				_	x		PHPK2644584		03/01/2024	03/01/2025	MED EXP (Any one p		\$	0			
											PERSONAL & ADV II	NJURY	\$	1,000,000			
	GEN'L	AGGREGATE LIMIT	APPL	LIES PER:							GENERAL AGGREGA	ΙΤΕ	\$	3,000,000			
	x	POLICY PROJECT)- T	LOC							PRODUCTS - COMP/0		\$	3,000,000			
	-	OTHER:									OOMBINED OINOLE		\$				
	AUTO	MOBILE LIABILITY									COMBINED SINGLE L (Ea accident)		\$				
		ANY AUTO		20115011150							BODILY INJURY (Per		\$				
		ALL OWNED AUTOS		SCHEDULED AUTOS							BODILY INJURY (Per		\$				
	<u> </u>	HIRED AUTOS		NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)		\$				
			\perp										\$				
	-	UMBRELLA LIAB		OCCUR							EACH OCCURRENCE	E	\$				
	E	EXCESS LIAB		CLAIMS-MADE	4						AGGREGATE		\$				
		DED RETEN		\$							l DED		\$				
		ERS COMPENSATIO MPLOYERS' LIABILI		Y/N							PER STATUTE	OTH- ER					
		ROPRIETOR/PARTNE ER/MEMBER EXCLUD		ECUTIVE TOTAL	N/A						E.L. EACH ACCIDEN		\$				
		atory in NH) describe under									E.L. DISEASE - EA EN		\$				
	DÉSCF	RIPTION OF OPERAT	TIONS	S below							E.L. DISEASE - POLIC	CY LIMIT	\$				
	1																
		n of operations and insured			•	ORD 10	01, Additional Remarks Schedule, m	ay be atta	ached if more space	ce is required)							
CE	RTIFIC	CATE HOLDER	₹					CANC	ELLATION								
	36	ymouth Ice 50 Plymout	h i	Blvd				THE ACC	EXPIRATION D ORDANCE WIT	PATE THEREOF	SCRIBED POLICIES F, NOTICE WILL BE Y PROVISIONS.			BEFORE			
		_ ,						AUTHOR	RIZED REPRESEN	ITATIVE							
								David	Murphy/Di	M	_	David Murphy/DM					



DATE (MM/DD/YYYY) 4/17/2024

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	ne terms and conditions of the policy, c ertificate holder in lieu of such endorse		-	icies may require an endo	n endorsement. A statement on this certificate does not confer rights to the							
PRO	DUCER		` '		CONTACT David Murphy							
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							
Pov	ver Hockey LLC				INSURE	RC:						
417	78 107th Ave				INSURE							
					INSURE	RE:						
All	legan MI 490	10			INSURE	RF:						
				NUMBER:CL17215003				REVISION NUMBER:				
IN C	IDICATED. NOTWITHSTANDING ANY REQU	IREM AIN,	ENT, THE II	TERM OR CONDITION OF AN NSURANCE AFFORDED BY T	BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD FANY 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	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		PHPK2644584		03/01/2024	03/01/2025	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. LOTU	\$			
	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				CANCELLATION							
	Rocket Ice Arena 180 Canterbury Lane Bolingbrook, IL 60440				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) 4/17/2024

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		e terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the rtificate holder in lieu of such endorsement(s).													
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	_{SS:} Dave@bea	aconsports	sins.com				
Nor	wal	k CT 06850						ADDICE			DING COVERAGE		NAIC #		
								INSURF			emnity Insurance Co	ompar			
INSU	RED							INSURER B:							
Pow	ær	Hockey LLC						INSURER C:							
		.07th Ave													
								INSURER D: INSURER E:							
A11	eσa	ın		MI 490	10			INSURE							
		AGES				ATE	NUMBER: CL17215003		KF:		REVISION NUMBER:				
IN C	IDIC <i>i</i> ERTI	ATED. NOTWITHSTA	AND UE[E POLICIES OF DING ANY REQU DOR MAY PERT	HER DOCUME! BED HEREIN I CLAIMS.	D ABOVE FOR THE POLICY NT WITH RESPECT TO WHIC S SUBJECT TO ALL THE TEI	CH THIS								
INSR TYPE OF INSURANCE ADDL SUBR INSD WVD POLICY NUMBER POLICY EFF (MM/DD/YYYY) (MM/DD/YYYY) LIMITS															
	хх	COMMERCIAL GENERA	RALI	LIABILITY					•	,	EACH OCCURRENCE	\$	1,000,000		
A		CLAIMS-MADE	x	OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000		
			_	_	х		PHPK2644584		03/01/2024	03/01/2025	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:	_									\$			
	AUT	OMOBILE LIABILITY									COMBINED SINGLE LIMIT (Ea accident)	\$			
		ANY AUTO									BODILY INJURY (Per person)	\$			
		ALL OWNED		CHEDULED							BODILY INJURY (Per accident)	\$			
		AUTOS	□N	UTOS ION-OWNED							PROPERTY DAMAGE	\$			
		TIIKEDAOTOS	┪^	UTOS							(Per accident)	\$			
		UMBRELLA LIAB	Т	OCCUR							EACH OCCURRENCE	\$			
		EXCESS LIAB		CLAIMS-MADE							AGGREGATE	\$			
		DED RETENTION									NOOKEONIE	\$			
		KERS COMPENSATION		Φ							PER OTH- STATUTE ER	Ψ			
		EMPLOYERS' LIABILITY PROPRIETOR/PARTNER/		Y/N							STATUTE ER	\$			
	OFF	ICER/MEMBER EXCLUDED			N/A						E.L. DISEASE - EA EMPLOYEE	\$			
	If ve	s, describe under	2112	Labor							E.L. DISEASE - POLICY LIMIT	\$			
	DES	CRIPTION OF OPERATION	JNS	below							E.L. DISEASE - POLICY LIMIT	Ф			
DES	CRIPT	ION OF OPERATIONS / L	LOC/	ATIONS / VEHICLES	S (ACC	DRD 10	 1, Additional Remarks Schedule, m	ay be atta	ched if more space	ce is required)					
		onal insured			•				-						
CEI	CERTIFICATE HOLDER CANCELLATION														
	6	aginaw Bay I 129 Bay Rd. aginaw, MI						THE ACC	EXPIRATION D	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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	ne terms and conditions of the policy, co ertificate holder in lieu of such endorse		-	icies may require an endo	n endorsement. A statement on this certificate does not confer rights to the							
PRO	DUCER		` '		CONTACT David Murphy							
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				71221120			DING COVERAGE		NAIC #		
					INSURE			emnity Insurance Co	ompar			
INSU	RED				INSURE	RB:						
Pov	wer Hockey LLC				INSURE							
417	78 107th Ave				INSURE							
					INSURE							
All	legan MI 490	10			INSURE	RF:						
CO	VERAGES CER	TIFIC	ATE	NUMBER: CL17215003	10			REVISION NUMBER:				
IN C	IDICATED. NOTWITHSTANDING ANY REQU	IREM AIN,	ENT, THE II	TERM OR CONDITION OF AN NSURANCE AFFORDED BY T	BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD FANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, BEEN REDUCED BY PAID CLAIMS.							
INSR LTR			SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	 3			
LIK	KX COMMERCIAL GENERAL LIABILITY	INSD	WVD	1 OLIC I NOMBER			(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		PHPK2644584		03/01/2024	03/01/2025	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 CLEANING TO BRIGH								•			
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						
CEI	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.							
					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 does not confer rights to certificate holder in lieu of such endorsement(s).												to the	
PRC	DDUCER				`,		CONTAC NAME:	T David Mu	urphy				
Ве	acon Sports Ins	urar	nce, LLC				PHONE (A/C, No	(978)	 578-4775	FAX (A/C,	No.		
36	Princes Pine Ro	d					E-MAIL	SS: Dave@bea	aconsports	ins.com	140).		
No:	rwalk CT 06850						ADDRES			DING COVERAGE		NAIC #	
							INSURE		. ,	emnity Insurance	e Compar	NAIC #	
INS	URED						INSURE						
Po	wer Hockey LLC						INSURE						
41	78 107th Ave						INSURE						
							INSURE	RE:					
Al	legan		MI 490	10			INSURE						
CC	VERAGES		CER	TIFIC	CATE	NUMBER: CL17215003	10			REVISION NUMBER	R :		
II C	NDICATED. NOTWITHS CERTIFICATE MAY BE IS	STANI SSUE	DING ANY REQUED OR MAY PER	JIREM TAIN, OLICI	IENT, ' THE II ES. LI	TERM OR CONDITION OF AN NSURANCE AFFORDED BY T IMITS SHOWN MAY HAVE BE	AVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD NOF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS ED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, AVE BEEN REDUCED BY PAID CLAIMS.						
INSR LTRE OF INSURANCE ADDL SUBR WVD POLICY NUMBER POLICY EFF (MM/DD/YYYY) (MM/DD/YYYY) LIMITS													
	XX COMMERCIAL GEN	IERAL	LIABILITY					,	•	EACH OCCURRENCE	\$	1,000,000	
А	A CLAIMS-MADE X OCCUR									DAMAGE TO RENTED PREMISES (Ea occurrence) \$	100,000	
				x		PHPK2644584		03/01/2024	03/01/2025	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	0- CT [LOC							PRODUCTS - COMP/OP AG	G \$	3,000,000	
	OTHER:										\$		
	AUTOMOBILE LIABILITY									COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO									BODILY INJURY (Per person	on) \$		
	ALL OWNED AUTOS		SCHEDULED AUTOS							BODILY INJURY (Per accid	lent) \$		
	HIRED AUTOS		NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$		
											\$		
	UMBRELLA LIAB		OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB		CLAIMS-MADE							AGGREGATE	\$		
	DED RETEN		\$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABIL		V/N							PER OT STATUTE ER	H-		
	ANY PROPRIETOR/PARTN OFFICER/MEMBER EXCLU	IER/EX		N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH)	JULU:								E.L. DISEASE - EA EMPLO	/EE \$		
	If yes, describe under DESCRIPTION OF OPERA	ATIONS	S below							E.L. DISEASE - POLICY LIM	IIT \$		
	 CCRIPTION OF OPERATIONS ditional insured			•	 DRD 10	 1, Additional Remarks Schedule, m	ay be atta	ched if more spac	ce is required)				
CE	RTIFICATE HOLDE	R					CANCELLATION						
	Schwans Sup 1850 105th Blaine, MN	Ave	. NE				THE ACC	EXPIRATION D ORDANCE WIT	OATE THEREOF	SCRIBED POLICIES BE F, NOTICE WILL BE DELI / PROVISIONS.) BEFORE	
							AUTHOR	RIZED REPRESEN	HALIVE				
							David	Murphy/Di	vr	Dav	d Murphy		



DATE (MM/DD/YYYY) 4/17/2024

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	ne 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		.(0).		CONTAC	T David Mu	ırphy				
	acon Sports Insurance, LLC				PHONE	(978)	578-4775	FAX			
	Princes Pine Rd				(A/C, No E-MAIL	_{SS:} Dave@bea		(A/C, No):			
	rwalk CT 06850				ADDRES						
NO	walk CI 06650				INGUE			DING COVERAGE emnity Insurance Co		NAIC #	
INSU	JRED				INSURE		erpiira inu	emmicy insurance co	Jiipai		
Po	wer Hockey LLC				INSURE						
	78 107th Ave				INSURE						
					INSURE						
A 1	legan MI 490	10			INSURE						
		TIFIC	CATE	NUMBER: CL17215003		N.F.		REVISION NUMBER:			
II 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	INSU IREM AIN, OLICI	JRANC IENT, ' THE II ES. LI	CE LISTED BELOW HAVE BEIT TERM OR CONDITION OF AN NSURANCE AFFORDED BY T	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			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	
		х		PHPK2644584		03/01/2024	03/01/2025	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							PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						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											
CE	RTIFICATE HOLDER				CANO	ELLATION					
	St Peters Rec-Plex 5200 Mexico Rd. St. Peters, MO 63376				THE	EXPIRATION D	ATE THEREOF	SCRIBED POLICIES BE CAN F, NOTICE WILL BE DELIVER F PROVISIONS.		BEFORE	
					AUTHOR	RIZED REPRESEN	ITATIVE				
	1				David Murphy/DM						



DATE (MM/DD/YYYY) 4/17/2024

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	e terms and conditions of the policy, o 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	T David M	ırphy					
	con Sports Insurance, LLC				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				INCURE			DING COVERAGE emnity Insurance Co	ompar	NAIC #		
INSU	RED				INSURE		erpiira inu	emmicy insurance co	Jiipai			
Pov	ver Hockey LLC				INSURE							
	78 107th Ave				INSURE							
					INSURE							
A 1	egan MI 490	10			INSURE							
СО	VERAGES CER	TIFIC	ATE	NUMBER: CL17215003				REVISION NUMBER:				
IN C	HIS IS TO CERTIFY THAT THE POLICIES OF IDICATED. NOTWITHSTANDING ANY REQUENTIFICATE MAY BE ISSUED OR MAY PERXCLUSIONS 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 INSD WVD POLICY NUMBER POLICY EFF (MM/DD/YYYY) (MM/DD/YYYY) LIMITS												
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000		
A	CLAIMS-MADE x OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000		
		x		PHPK2644584		03/01/2024	03/01/2025	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:							TREBUTE COMPTENTION	\$			
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$			
	ANY AUTO							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								•			
	H_waraaa							EACH OCCURRENCE	\$			
	CEANWO-WADE							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	\$			
	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												
	RTIFICATE HOLDER				CANCELLATION							
JL	TC Centre Ice Arena 1600 Chartwell Dr. Traverse City, MI 49686	5			SHO THE ACC	ULD ANY OF T EXPIRATION D	ATE THEREOF	SCRIBED POLICIES BE CAN 7, NOTICE WILL BE DELIVER 7 PROVISIONS.		BEFORE		
									1 -			
					David Murphy/DM David Murphy							



DATE (MM/DD/YYYY) 4/17/2024

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	ie terms and conditions of the policy, c ertificate holder in lieu of such endorse		•	icies may require an endo	n endorsement. A statement on this certificate does not confer rights to the							
PRO	DUCER		` '		CONTACT David Murphy							
Bea	acon Sports Insurance, LLC					, Ext): (978)	578-4775	FAX (A/C, No):				
36	Princes Pine Rd				E-MAIL ADDRES	SS: Dave@bea	aconsports					
Nor	walk CT 06850				7.55.1.2			DING COVERAGE		NAIC #		
					INSURE			emnity Insurance Co	ompar			
INSU	RED				INSURE							
Pow	ver Hockey LLC				INSURE							
417	78 107th Ave				INSURE							
					INSURE							
A11	egan MI 490	10			INSURE	RF:						
				NUMBER: CL17215003				REVISION NUMBER:				
IN CI	IDICATED. NOTWITHSTANDING ANY REQU	IREM AIN,	ENT, THE II	TERM OR CONDITION OF AN NSURANCE AFFORDED BY T	BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD FANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, BEEN REDUCED BY PAID CLAIMS.							
INSR LTR TYPE OF INSURANCE INSD WVD POLICY NUMBER POLICY EFF (MM/DD/YYYY) (MM/DD/YYYY) LIMITS												
LIK	XX 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 11110 1111 12 12 900011	х		PHPK2644584		03/01/2024	03/01/2025	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 SECURIOR SOCIAL								•			
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						
<u>JLI</u>	Troy Sports Center 1819 East Big Beaver Roa Troy, MI 48083	ıd			SHO THE ACC	ULD ANY OF T EXPIRATION D	ATE THEREOF	SCRIBED POLICIES BE CAN F, NOTICE WILL BE DELIVER F PROVISIONS.		BEFORE		
					David Murphy/DM David Murphy							



DATE (MM/DD/YYYY) 4/17/2024

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	ne terms and conditions of the policy, co ertificate holder in lieu of such endorse		•	icies may require an endo	n endorsement. A statement on this certificate does not confer rights to the							
PRO	DUCER		` '		CONTACT David Murphy							
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	walk CT 06850				7.55.1.2			DING COVERAGE		NAIC #		
					INSURE			emnity Insurance Co	ompar	-		
INSU	RED				INSURE	RB:						
Pov	ver Hockey LLC				INSURE	RC:						
417	78 107th Ave				INSURE							
					INSURE	RE:						
All	egan MI 490	10			INSURE	RF:						
				NUMBER: CL17215003				REVISION NUMBER:				
IN C	IDICATED. NOTWITHSTANDING ANY REQU	IREM AIN,	ENT, THE II	TERM OR CONDITION OF AN NSURANCE AFFORDED BY T	BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD FANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, BEEN REDUCED BY PAID CLAIMS.							
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	 S			
LIK	XX COMMERCIAL GENERAL LIABILITY	INSD	WVD	1 OLIC I 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 11110 1111 12 12 900011	x		PHPK2644584		03/01/2024	03/01/2025	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 SECURIOR SOCIAL								•			
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						
<u>JL</u>	Wausau Greenheck Field H 6400 Alderson St Schofield, WI 54476	lous	e		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	νī	David N	lurphy			
					David Murphy/DM							



DATE (MM/DD/YYYY) 4/17/2024

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	ne terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the ertificate holder in lieu of such endorsement(s).														
PRO	DUCE	R				`,		CONTAC NAME:	CT David Mu	urphy					
Bea	cor	Sports Insur	ran	nce, LLC				PHONE (A/C, No	(978)	578-4775	FAX (A/C, No):				
36	Pri	nces Pine Rd						E-MAIL	_{SS:} Dave@bea	aconsports	sins.com				
Nor	wal	k CT 06850						ADDICE			DING COVERAGE		NAIC #		
								INSURF			emnity Insurance Co	ompar			
INSU	RED							INSURER B:							
Pow	ær	Hockey LLC						INSURER C:							
417	8 1	.07th Ave						INSURER D:							
								INSURER D : INSURER E :							
A11	.ega	ın		MI 490	10			INSURE							
CO	VER	AGES		CER	TIFIC	ATE	NUMBER: CL17215003				REVISION NUMBER:	<u> </u>			
IN C E	IDIC <i>i</i> ERTI	ATED. NOTWITHSTA	ANI SUE	DING ANY REQUED OR MAY PER	HER DOCUME! BED HEREIN I CLAIMS.	D ABOVE FOR THE POLICY NT WITH RESPECT TO WHIC S SUBJECT TO ALL THE TEI	CH THIS								
INSR LTR		TYPE OF INSU	JRAI	NCE	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	х	OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000		
					x		PHPK2644584		03/01/2024	03/01/2025	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	Į	LOC							PRODUCTS - COMP/OP AGG	\$	3,000,000		
		OTHER:										\$			
	AU1	TOMOBILE LIABILITY									COMBINED SINGLE LIMIT (Ea accident)	\$			
		ANY AUTO	_, .								BODILY INJURY (Per person)	\$			
		ALL OWNED AUTOS	- 17	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 RETENTI		\$								\$			
		RKERS COMPENSATION EMPLOYERS' LIABILIT		Y/N							PER OTH- STATUTE ER				
		PROPRIETOR/PARTNER		ECUTIVE	N/A						E.L. EACH ACCIDENT	\$			
	(Mar	ndatory in NH) s, describe under									E.L. DISEASE - EA EMPLOYEE	\$			
	DES	CRIPTION OF OPERATION	IONS	S below							E.L. DISEASE - POLICY LIMIT	\$			
<u> </u>	<u></u>				<u> </u>	<u> </u>									
		TON OF OPERATIONS / I Lonal insured			•	ORD 10	1, Additional Remarks Schedule, m	ay be atta	ched if more space	ce is required)					
nac		ionar insureu		ibeed Delow											
CEI	₹TIF	ICATE HOLDER						CANC	ELLATION						
	5	Jings West 1076 Sports I						THE ACC	EXPIRATION D	PATE THEREOF	SCRIBED POLICIES BE CAN F, NOTICE WILL BE DELIVER / PROVISIONS.		BEFORE		
		-						AUTHOR	RIZED REPRESEN	ITATIVE					
								David Murphy/DM David Murphy							



DATE (MM/DD/YYYY) 4/17/2024

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	ne terms and conditions of the policy, c ertificate holder in lieu of such endorse		•	icies may require an endo	n endorsement. A statement on this certificate does not confer rights to the							
PRO	DUCER		` '		CONTACT David Murphy							
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	IRED				INSURE	RB:						
Pov	wer Hockey LLC				INSURE	RC:						
417	78 107th Ave				INSURE							
					INSURE							
Al]	legan MI 490	10			INSURE	RF:						
CO	VERAGES CER	TIFIC	ATE	NUMBER: CL17215003	10			REVISION NUMBER:				
IN C	IDICATED. NOTWITHSTANDING ANY REQU	IREM AIN,	ENT, THE II	TERM OR CONDITION OF AN NSURANCE AFFORDED BY T	BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD FANY 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	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3			
	KX COMMERCIAL GENERAL LIABILITY	IIIOD	1112			((11111111111111111111111111111111111111	EACH OCCURRENCE	\$	1,000,000		
А	CLAIMS-MADE x OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000		
		x		PHPK2644584		03/01/2024	03/01/2025	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	\$			
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	RTIFICATE HOLDER				CANCELLATION							
	World Arena Ice Hall 3185 Venetucci Blvd. Colorado Springs, CO 80	906	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.							
					AUTHOR	RIZED REPRESEN	IIATIVE					
					David Murphy/DM							