



## General Liability Insurance Summary\*

9/1/07 – 9/1/08

**Insurer:** Philadelphia Indemnity Insurance Company  
A.M. Best Rating: A+ (IX) Superior

### Limits of Liability:

Each Occurrence Limit: **\$1,000,000.00**

Personal and Advertising Injury Limit: **\$1,000,000.00**

General Aggregate Limit:  
(other than products completed operations) **\$5,000,000.00**

Products/Completed Operations Aggregate Limit: **\$2,000,000.00**

Fire Damage Legal Liability (any one fire): **\$ 100,000.00**

Medical Expense Limit (any one person) **\$ 5,000.00**

### **Sexual Abuse and Molestation Sub-Limit**

Per Person abused or molested: **\$1,000,000.00**

Aggregate per policy period: **\$2,000,000.00**

**\*This is only a summary of coverage.**

**For a complete listing of coverages and exclusions, please refer to each separate policy.**



**Directors and Officers Liability Insurance Summary\***

**9/1/07 – 9/1/08**

**Insurer:** Philadelphia Indemnity Insurance Company  
A.M. Best Rating: A+ (IX) Superior

**California Youth Soccer Organization – South Only**

<b><u>Coverage Part:</u></b>	<b><u>Limit:</u></b>	<b><u>Retention:</u></b>
Directors & Officers Liability	<b>\$5,000,000.00</b>	<b>\$10,000.00</b>
Aggregate Limit	<b>\$5,000,000.00</b>	

**Coverage form includes Full Prior Acts Coverage  
Defense is outside the limit of liability**

**CalSouth Leagues and Districts Only\*\***

<b><u>Coverage Part:</u></b>	<b><u>Limit:</u></b>	<b><u>Retention:</u></b>
Directors & Officers Liability	<b>\$5,000,000.00</b>	<b>\$10,000.00</b>
Aggregate Limit	<b>\$5,000,000.00</b>	

**Coverage form includes Full Prior Acts Coverage  
Defense is outside the limit of liability**

**\*\* If additional limits of coverage are desired, please contact Rhoda Wilson, HRH  
Account Executive at 1-800-365-4022 or 732-383-5600.**

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For a complete listing of coverages and exclusions, please refer to each separate  
policy.**



## Participant Accident Insurance Summary\*

9/1/07 – 9/1/08

**Insurer:** QBE Insurance Corporation  
A.M. Best Rating: A+ (IX) Excellent

### Summary of Coverage:

Maximum Medical Expense Benefit	<b>\$100,000.00</b>
Accidental Death and Dismemberment Expense Benefit	<b>\$ 20,000.00</b>
Benefit Period	<b>52 weeks</b>
100% of the Usual & Customary (No Co-Pay)	
Deductible	<b>\$500.00</b>
Full Excess Medical Expense	
Expanded Medical Benefits Included	
Heart or Circulatory Conditions Benefit Included	
Pre-Existing Injury Benefit Included	
Physiotherapy Limited to	<b>\$ 1,000.00</b>
Short Term Emergency Sickness Benefit	<b>\$ 1,500.00 Maximum Benefit</b>

### **NOTE:**

**First Covered Expense must be Incurred within 90 days after a Covered Accident.**

**\*This is only a summary of coverage.**

**For a complete listing of coverages and exclusions, please refer to each separate policy.**