

DATE (MM/DD/YYYY) 9/15/2014

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).

certificate florder in fled of such endorsement(s).		
PRODUCER	CONTACT Marnita Kats	
First Santa Fe Insurance Services, Inc. 6501 Americas Parkway NE	PHONE (A/C, No, Ext): (505) 798-5850 FAX (A/C, No): (505) 7	98-5890
Suite 101	E-MAIL ADDRESS: marnita@fsfins.com	
Albuquerque, NM 87110	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : USLI	
INSURED	INSURER B:	
Albuquerque Youth Basketball League	INSURER C:	
P. O. Box 93475	INSURER D :	
Albuquerque, NM 87199-3475	INSURER E:	
	INSURER F:	
COVERAGES CERTIFICATE NUMBER:	REVISION NUMBER:	
THE IS TO CEPTIFY THAT THE POLICIES OF INCHPANCE LISTED BELOW	LIAVE DEEN ICCUED TO THE INCUED NAMED ABOVE FOR THE DOLL	CV DEDIOD

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

	CLL	JSIONS AND CONDITIONS OF SUCH								
INSR LTR		TYPE OF INSURANCE	ADDL S	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	X		NPP1553221BC	10/01/2014	10/01/2015	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	3,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	Included
		OTHER:						ABUSE MOLESTATI	\$	100,000
	AUT	TOMOBILE 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 \$							\$	
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$	
	(Man	ICER/MEMBER EXCLUDED?	N, A					E.L. DISEASE - EA EMPLOYEE	\$	
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
		TION OF OPERATIONS / LOCATIONS / VEHICE rque Public Schools is duly noted a				e attached if mor	e space is requir	red)		

CERTIFICATE HOLDER	CANCELLATION	

Albuquerque Public Schools 6400 Uptown Blvd NE Albuquerque, NM 87110 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



DATE (MM/DD/YYYY) 9/15/2014

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the	PORTANT: If the certificate holde e terms and conditions of the policy rtificate holder in lieu of such endors	, cer	tain	policies may require an e								
PROD	PRODUCER					CONTACT Marnita Kats						
First Santa Fe Insurance Services, Inc.					PHONE (A/C, No, Ext): (505) 798-5850 FAX (A/C, No): (505) 798-5890 E-MAIL ADDRESS; marnita@fsfins.com							
Suite Albu	e 101 querque, NM 87110				ADDRE	ss: marnita	@tstins.con	n				
AIDU	querque, raisi or i ro						SURER(S) AFFOR	DING COVERAGE		NAIC #		
					INSURE	RA:USLI						
INSUI	RED				INSURE	R B :						
	Albuquerque Youth Basketb	all L	eagu	e	INSURE	RC:						
	P. O. Box 93475		9		INSURE							
	Albuquerque, NM 87199-347	5			INSURE							
					INSURER F:							
CO	ZERAGES CER	TIFIC	CATE	NUMBER:	REVISION NUMBER:							
INI	IS IS TO CERTIFY THAT THE POLICIEDICATED. NOTWITHSTANDING ANY R	EQUI	REME	ENT, TERM OR CONDITION	N OF A	NY CONTRA	CT OR OTHER	R DOCUMENT WITH RESPE	ECT TO	O WHICH THIS		
	RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH							ED HEREIN IS SUBJECT T	O ALL	. THE TERMS,		
INSR LTR	TYPE OF INSURANCE		SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s			
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000		
Ī	CLAIMS-MADE X OCCUR	X		NPP1553221BC		10/01/2014	10/01/2015	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000		
								MED EXP (Any one person)	\$	5,000		
								PERSONAL & ADV INJURY	\$	1,000,000		
										2 000 000		

Α	X	COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE	\$ 1,000	0,000
		CLAIMS-MADE X OCCUR	X	NPP1553221BC	10/01/2014	10/01/2015	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100	0,000
							MED EXP (Any one person)	\$	5,000
							PERSONAL & ADV INJURY	\$ 1,000	0,000
	GEN	L'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 3,000	0,000
		POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$ Incl	uded
		OTHER:					ABUSE MOLESTATI	\$ 100	0,000
	AUT	OMOBILE 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 \$						\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY					PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT	\$	
	(Man	datory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$	
	If yes	, describe under CRIPTION 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) Certificate Holder is duly noted as an Additional Insured. School locations: Our Lady of Anunciation, Our Lady of Fatima, Holy Ghost, Our Lady of Assumption, Queen of Heaven, St. Charles, St. Theresa, San Felipe, St. Mary's.

OEDTIFICATE LIQUEDED	OANGELL ATION
CERTIFICATE HOLDER	CANCELLATION
Archdiocese of Santa Fe 4000 St. Joseph Place NE Albuquerque, NM 87120	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Albuquerque, Nili 07 120	AUTHORIZED REPRESENTATIVE
1	Marnita L. Kats



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PRODUCER		CONTACT Marnita Kats						
First Santa Fe Insurance Services 6501 Americas Parkway NE	s, Inc.	PHONE (A/C, No, Ext): (505) 798-5850 FAX (A/C, No): (505) 7						
Suite 101		E-MAIL ADDRESS: marnita@fsfins.com						
Albuquerque, NM 87110		INSURER(S) AFFORDING COVERAGE	NAIC #					
		INSURER A : USLI						
INSURED		INSURER B:						
Albuguergue Youth	Basketball League	INSURER C:						
P. O. Box 93475	· ·	INSURER D:						
Albuquerque, NM 87	7199-3475	INSURER E :						
		INSURER F:						
COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:						

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INSR	CLC	ISIONS AND CONDITIONS OF SUCH	ADDL			POLICY EFF	POLICY EXP			
LTR		TYPE OF INSURANCE	INSD 1		POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S	
Α	X	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			NPP1553221BC	10/01/2014	10/01/2015	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	3,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	Included
		OTHER:						ABUSE MOLESTATI	\$	100,000
	AUT	OMOBILE 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 \$							\$	
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$	
	(Man	idatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
DESC	RIPT	ION OF OPERATIONS / LOCATIONS / VEHIC	LES (AC	CORE	101, Additional Remarks Schedule, may I	e attached if mor	re space is requir	red)		
l										

CERTIFICATE HOLDER	CANCELLATION

Belen Consolidated School District 520 North Main Street Belen, NM 87002 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



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Suite 101	E-MAIL ADDRESS: marnita@fsfins.com						
Albuquerque, NM 87110	INSURER(S) AFFORDING COVERAGE	NAIC #					
	INSURER A : USLI						
INSURED	INSURER B:						
Albuquerque Youth Basketball League	INSURER C:						
P. O. Box 93475	INSURER D:						
Albuquerque, NM 87199-3475	INSURER E:						
	INSURER F:						
COVED A CEC CEPTIFICATE NUMBER.	DEVICION NUMBER.						

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR	(OLC	TYPE OF INSURANCE	ADDL	SUBR		POLICY EFF	POLICY EXP	LIMIT	
A A	Х	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)		1,000,000
^	^				NDD4550004D0	40/04/0044	10/01/0015	EACH OCCURRENCE DAMAGE TO RENTED	\$
		CLAIMS-MADE X OCCUR			NPP1553221BC	10/01/2014	10/01/2015	PREMISES (Ea occurrence)	\$ 100,000
								MED EXP (Any one person)	\$ 5,000
								PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ Included
		OTHER:						ABUSE MOLESTATI	\$ 100,000
	AUT	OMOBILE 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 \$							\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE TO THE	N/A					E.L. EACH ACCIDENT	\$
	(Mar	CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
DES	RIPT	ION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORE	0 101, Additional Remarks Schedule, may b	e attached if mor	re space is requir	red)	

ERTIFICATE HOLDER	CANCELLATION

Bernalillo County Community Parks & Recreation 111 Union Square Street SE Albuquerque, NM 87102 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



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Suite 101	E-MAIL ADDRESS: marnita@fsfins.com	
Albuquerque, NM 87110	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : USLI	
INSURED	INSURER B:	
Albuquerque Youth Basketball League	INSURER C:	
P. O. Box 93475	INSURER D:	
Albuquerque, NM 87199-3475	INSURER E :	
	INSURER F:	
	DE1/(0/01/14/DED	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	LIMITS	
A	X	CLAIMS-MADE X OCCUR			NPP1553221BC	10/01/2014	10/01/2015	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000 100,000
		CLAIMS-IMADE 21 OCCUR			111111111111111111111111111111111111111	10/01/2011	10/01/2010	MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	3,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	Included
		OTHER:						ABUSE MOLESTATI	\$	100,000
	AUT	OMOBILE 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 \$							\$	
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$	
	(Man	ndatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
DESC	PIDT	TION OF OPERATIONS / LOCATIONS / VEHIC	LEC /A	COPT	101 Additional Pamarka Schodula, may k	attached if mar	ro enaco le recul	rad)		
DESC	,nir i	ION OF OPENATIONS / LOCATIONS / VEHIC	LES (A	CORL	7 101, Additional hemarks schedule, may t	e attacheu ii Moi	e space is requir	eu)		

ERTIFICATE HOLDER	CANCELLATION

Bosque School 4000 Learning Road Fax 922-0392 Albuquerque, NM 87120 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

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Suite 101	E-MAIL ADDRESS: marnita@fsfins.com						
Albuquerque, NM 87110	INSURER(S) AFFORDING COVERAGE	NAIC #					
	INSURER A : USLI						
INSURED	INSURER B:						
Albuquerque Youth Basketball League	INSURER C:						
P. O. Box 93475	INSURER D:						
Albuquerque, NM 87199-3475	INSURER E :						
	INSURER F:						
COVERAGES CERTIFICATE NUMBER:	REVISION NUMBER:						

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INSR LTR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
A	Х	COMMERCIAL GENERAL LIABILITY	INSD	****	i ono i nombri	(11117)	(11111)	EACH OCCURRENCE	\$ 1,000,000
		CLAIMS-MADE X OCCUR			NPP1553221BC	10/01/2014	10/01/2015	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
								MED EXP (Any one person)	\$ 5,000
								PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ Included
		OTHER:						ABUSE MOLESTATI	\$ 100,000
	AUT	OMOBILE 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 \$							\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$
	(Mar	CER/MEMBER EXCLUDED?	IN/A					E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
DESC	RIPT	TION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORE	0 101, Additional Remarks Schedule, may b	e attached if mo	re space is requir	red)	
CEF	RTIF	ICATE HOLDER			CANO	CELLATION			-

Boy's & Girl's Club 3333 Truman NE Albuquerque, NM 87110 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.



DATE (MM/DD/YYYY) 9/15/2014

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PRODUCER	CONTACT Marnita Kats	
First Santa Fe Insurance Services, Inc. 6501 Americas Parkway NE	PHONE (A/C, No, Ext): (505) 798-5850 FAX (A/C, No): (505) 7	798-5890
Suite 101	E-MAIL ADDRESS: marnita@fsfins.com	
Albuquerque, NM 87110	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : USLI	
INSURED	INSURER B:	
Albuquerque Youth Basketball League	INSURER C:	
P. O. Box 93475	INSURER D :	
Albuquerque, NM 87199-3475	INSURER E :	
	INSURER F:	
COVERACES CERTIFICATE NUMBER.	DEVICION NUMBER.	

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS,

	CLL	JSIONS AND CONDITIONS OF SUCH								
INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
Α	X	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			NPP1553221BC	10/01/2014	10/01/2015	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	3,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	Included
		OTHER:						ABUSE MOLESTATI	\$	100,000
	AUT	TOMOBILE 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 \$							\$	
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$	
	(Mar	ndatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$	
	DES	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
DES	CRIPT	TION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORE	0 101, Additional Remarks Schedule, may b	e attached if mor	re space is requir	ed)		

ERTIFICATE HOLDER	CANCELLATION

City of Albuquerque Parks & Recreation 1 Civic Plaza Albuquerque, NM 87103

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.



DATE (MM/DD/YYYY) 9/15/2014

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(-)							
PRODUCER	CONTACT Marnita Kats						
First Santa Fe Insurance Services, Inc. 6501 Americas Parkway NE	PHONE (A/C, No, Ext): (505) 798-5850 FAX (A/C, No): (505) 79						
Suite 101	E-MAIL ADDRESS: marnita@fsfins.com						
Albuquerque, NM 87110	INSURER(S) AFFORDING COVERAGE	NAIC #					
	INSURER A: USLI						
INSURED	INSURER B:						
Albuquerque Youth Basketball League	INSURER C:						
P. O. Box 93475	INSURER D:						
Albuquerque, NM 87199-3475	INSURER E :						
	INSURER F:						
COVERAGES CERTIFICATE NUMBER:	REVISION NUMBER:						

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR TYPE OF INSURANCE			SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
Α	X	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	s 1,000,000
		CLAIMS-MADE X OCCUR			NPP1553221BC	10/01/2014	10/01/2015	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
								MED EXP (Any one person)	\$ 5,000
								PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ Included
		OTHER:						ABUSE MOLESTATI	\$ 100,000
	AUT	OMOBILE 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 \$							\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$
	(Man	CER/MEMBER EXCLUDED?	N / A					E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
DESC	RIPT	TION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORI	0 101, Additional Remarks Schedule, may b	e attached if mor	re space is requir	red)	
CEF	RTIF	ICATE HOLDER			CANO	CELLATION			

City of Rio Rancho Public Schools 500 Laser Road Rio Rancho, NM 87124

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.



DATE (MM/DD/YYYY) 9/15/2014

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	511 G114G13G111G111(G)1							
PRODUCER		CONTACT Marnita Kats						
First Santa Fe Insurance Service 6501 Americas Parkway NE	es, Inc.	PHONE (A/C, No, Ext): (505) 798-5850	FAX (A/C, No): (505)	798-5890				
Suite 101		E-MAIL ADDRESS: marnita@fsfins.com						
Albuquerque, NM 87110		INSURER(S) AFFORDING COVERAGE		NAIC #				
		INSURER A : USLI						
INSURED		INSURER B:						
Albuquerque Youth	n Basketball League	INSURER C:						
P. O. Box 93475	· ·	INSURER D :						
Albuquerque, NM 8	7199-3475	INSURER E :						
		INSURER F:						
COVERAGES	CERTIFICATE NUMBER:	REVISION NUM	IBER:					

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INSR LTR		TYPE OF INSURANCE		SUBR		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY	.,,,,,	5				EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			NPP1553221BC	10/01/2014	10/01/2015	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	3,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	Included
		OTHER:						ABUSE MOLESTATI	\$	100,000
	AUT	OMOBILE 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)	\$	
		76.55						(* 5* 5*5******************************	\$	
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
		DED RETENTION \$							\$	
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$	
	(Mar	CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
DESC	RIPT	TION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORE	0 101, Additional Remarks Schedule, may b	e attached if mo	re space is requir	red)		
CEI	RTIF	ICATE HOLDER			CANO	CELLATION				

Eastern Hills Baptist Church 3100 Morris NE Albuquerque, NM 87111 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



DATE (MM/DD/YYYY) 9/15/2014

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	on ondoroomoni(o):							
PRODUCER		CONTACT Marnita Kats						
First Santa Fe Insurance Service 6501 Americas Parkway NE	es, Inc.	PHONE (A/C, No, Ext): (505) 798-5850 FAX (A/C, No): (505) 798-						
Suite 101		E-MAIL ADDRESS: marnita@fsfins.com						
Albuquerque, NM 87110		INSURER(S) AFFORDING COVERAGE		NAIC #				
		INSURER A : USLI						
INSURED		INSURER B:						
Albuquerque Yout	h Basketball League	INSURER C:						
P. O. Box 93475	ū	INSURER D :						
Albuquerque, NM 8	37199-3475	INSURER E :						
		INSURER F:						
COVERAGES	CERTIFICATE NUMBER:	REVISION NU	MBER:					

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INSR LTR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
A	Х	COMMERCIAL GENERAL LIABILITY	INSD	****	i ono i nombri	(11117)	(11111)	EACH OCCURRENCE	\$ 1,000,000
		CLAIMS-MADE X OCCUR			NPP1553221BC	10/01/2014	10/01/2015	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
								MED EXP (Any one person)	\$ 5,000
								PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ Included
		OTHER:						ABUSE MOLESTATI	\$ 100,000
	AUT	OMOBILE 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 \$							\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$
	(Mar	CER/MEMBER EXCLUDED?	IN/A					E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
DESC	RIPT	TION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORE	0 101, Additional Remarks Schedule, may b	e attached if mo	re space is requir	red)	
CEF	RTIF	ICATE HOLDER			CANO	CELLATION			-

Evangel Christian Academy 4501 Montgomery NE Albuquerque, NM 87109 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



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(-)								
PRODUCER	CONTACT Marnita Kats							
First Santa Fe Insurance Services, Inc. 6501 Americas Parkway NE	PHONE (A/C, No, Ext): (505) 798-5850 FAX (A/C, No): (505) 798-56							
Suite 101	E-MAIL ADDRESS: marnita@fsfins.com							
Albuquerque, NM 87110	INSURER(S) AFFORDING COVERAGE	NAIC #						
	INSURER A : USLI							
INSURED	INSURER B:							
Albuquerque Youth Basketball League	INSURER C:							
P. O. Box 93475	INSURER D:							
Albuquerque, NM 87199-3475	INSURER E:							
	INSURER F:							
COVED A CEC CEPTIFICATE NUMBER.	DEVICION NUMBER.							

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR		TYPE OF INCUPANCE	ADDL	SUBR		POLICY EFF	POLICY EXP	LIMIT	· · · · · · · · · · · · · · · · · · ·
A	Х	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)		
^	^							EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,000,000
		CLAIMS-MADE X OCCUR			NPP1553221BC	10/01/2014	10/01/2015	PREMISES (Ea occurrence)	\$ 100,000
								MED EXP (Any one person)	\$ 5,000
								PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ Included
		OTHER:						ABUSE MOLESTATI	\$ 100,000
	AUT	OMOBILE 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 \$							\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$
	(Man	CER/MEMBER EXCLUDED?	IV/ A					E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
DES	CRIPT	TION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORE	0 101, Additional Remarks Schedule, may b	e attached if mor	re space is requir	red)	

CERTIFICATE HOLDER CANCELLATION

Heights Cumberland Presbyterian Church 8600 Academy Road NE Albuquerque, NM 87111 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



DATE (MM/DD/YYYY) 9/15/2014

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	e terms and conditions of the policy, ce rtificate holder in lieu of such endorseme		olicies may require an er	ndorse	ement. A sta	tement on th	is certificate does not conf	er rights to the	
PROD	DUCER			CONTAI NAME:	^{ст} Marnita	Kats			
	Santa Fe Insurance Services, Inc. Americas Parkway NE			PHONE (A/C, No	o, Ext): (505) 7	98-5850	FAX (A/C, No): (50	05) 798-5890	
Suite	e 101			E-MAIL ADDRE	_{ss:} marnita@	@fsfins.con	n		
Albu	querque, NM 87110				INS	URER(S) AFFOR	RDING COVERAGE	NAIC #	
				INSURE	RA:USLI				
INSU	RED			INSURE	RB:				
	Albuquerque Youth Basketball L	_eague		INSURER C:					
	P. O. Box 93475			INSURE					
	Albuquerque, NM 87199-3475			INSURE	RE:				
				INSURE	RF:				
CO	/ERAGES CERTIFI	CATE	NUMBER:				REVISION NUMBER:		
IN Ce	THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS,								
	CLUSIONS AND CONDITIONS OF SUCH POLI	ICIES. L LISUBRI	IMITS SHOWN MAY HAVE	BEEN F					
INSR LTR	TYPE OF INSURANCE INSU	D WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
Α	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$	1,000,000	
							DAMACE TO DENTED		

LTR TYPE OF INSURANCE			INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	3	
Α	X	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 1,000	0,000
		CLAIMS-MADE X OCCUR			NPP1553221BC	10/01/2014	10/01/2015	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100	0,000
								MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$ 1,000	0,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000	0,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ Incl	uded
		OTHER:						ABUSE MOLESTATI	\$ 100	0,000
	AUT	OMOBILE 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 \$							\$	
		RKERS COMPENSATION EMPLOYERS' LIABILITY Y/N						PER OTH- STATUTE ER		
		PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$	
	(Man	idatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$	
	DES	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
		TION OF OPERATIONS / LOCATIONS / VEHICL				e attached if mor	re space is requir	red)		
		ion of operations / Locations / vehici Albuquerque Youth Basketball Tear				e attached if mor	re space is requi	ed)		

RE: All Albuquerque Youth Basketball Teams/Coaches	
CERTIFICATE HOLDER	CANCELLATION

Hope Christian School 8005 Louisiana NE Albuquerque, NM 87109 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.



DATE (MM/DD/YYYY) 9/15/2014

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certificate holder in lieu of such endorsement(s).								
PRODUCER	CONTACT Marnita Kats							
First Santa Fe Insurance Services, Inc.	PHONE (A/C, No, Ext): (505) 798-5850 FAX (A/C, No): (505) 798-5890							
6501 Americas Parkway NE Suite 101 Albuquerque, NM 87110	E-MAIL ADDRESS: marnita@fsfins.com							
Albuquerque, Niki 87 i 10	INSURER(S) AFFORDING COVERAGE NAIC #							
	INSURER A : USLI							
INSURED	INSURER B:							
Albuquerque Youth Basketball League	INSURER C:							
P. O. Box 93475	INSURER D :							
Albuquerque, NM 87199-3475	INSURER E :							
	INSURER F:							
COVERAGES CERTIFICATE NUMBER:	REVISION NUMBER:							
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION	HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD N. OF, ANY, CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS							

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| TYPE OF INSURANCE | ADDLISUBRI INSD | WYD | POLICY NUMBER | POLICY EFF | P

INSR LTR TYPE OF INSURANCE				WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS		
Α	X	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 1	1,000,000
		CLAIMS-MADE X OCCUR			NPP1553221BC	10/01/2014	10/01/2015	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$ 1	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	3,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	Included
		OTHER:						ABUSE MOLESTATI	\$	100,000
	AUT	OMOBILE 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 \$							\$	
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$	
	(Man	ndatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
DES	CRIPT	TION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORE	0 101, Additional Remarks Schedule, may	e attached if mor	re space is requir	red)	<u> </u>	
CEI	RTIF	ICATE HOLDER			CAN	CELLATION				

Horizon Academy West 1900 Atrisco Drive NW Albuquerque, NM 87120 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



DATE (MM/DD/YYYY) 9/15/2014

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certificate floraer in fied of such endorsement(s).		
PRODUCER	CONTACT Marnita Kats	
First Santa Fe Insurance Services, Inc. 6501 Americas Parkway NE	PHONE (A/C, No, Ext): (505) 798-5850 FAX (A/C, No): (505) 79	98-5890
Suite 101	E-MAIL ADDRESS: marnita@fsfins.com	
Albuquerque, NM 87110	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : USLI	
INSURED	INSURER B:	
Albuquerque Youth Basketball League	INSURER C:	
P. O. Box 93475	INSURER D :	
Albuquerque, NM 87199-3475	INSURER E :	
	INSURER F:	
COVERAGES CERTIFICATE NUMBER:	REVISION NUMBER:	

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR		TYPE OF INSURANCE	ADDL	SUBF	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	 S
A	X	COMMERCIAL GENERAL LIABILITY		****				EACH OCCURRENCE	\$ 1,000,000
		CLAIMS-MADE X OCCUR			NPP1553221BC	10/01/2014	10/01/2015	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
								MED EXP (Any one person)	\$ 5,000
								PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ Included
		OTHER:						ABUSE MOLESTATI	\$ 100,000
	AUT	TOMOBILE 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 \$							\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Man	ndatory in NH)	,,,					E.L. DISEASE - EA EMPLOYEE	\$
	DES	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
DESC	RIPT	TION OF OPERATIONS / LOCATIONS / VEHICE	LES (ACORI	D 101, Additional Remarks Schedule, may b	e attached if mo	re space is requir	red)	
CEF	RTIF	ICATE HOLDER			CANO	CELLATION			

Jewish Community Center 5520 Wyoming NE Albuquerque, NM 87109 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



DATE (MM/DD/YYYY) 9/15/2014

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PRODUCER	CONTACT Marnita Kats						
First Santa Fe Insurance Services, Inc. 6501 Americas Parkway NE	PHONE (A/C, No, Ext): (505) 798-5850 FAX (A/C, No): (505) 7	98-5890					
Suite 101	E-MAIL ADDRESS: marnita@fsfins.com						
Albuquerque, NM 87110	INSURER(S) AFFORDING COVERAGE						
	INSURER A : USLI						
INSURED	INSURER B:						
Albuquerque Youth Basketball League	INSURER C:						
P. O. Box 93475	INSURER D:						
Albuquerque, NM 87199-3475	INSURER E :						
	INSURER F:						

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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		JSIONS AND CONDITIONS OF SUCH								
INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			NPP1553221BC	10/01/2014	10/01/2015	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	3,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	Included
		OTHER:						ABUSE MOLESTATI	\$	100,000
	AUT	OMOBILE 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 \$							\$	
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$	
	(Man	ndatory in NH)	II, A					E.L. DISEASE - EA EMPLOYEE	\$	
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
DESC	RIPT	TION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORE	0 101, Additional Remarks Schedule, may	be attached if mor	re space is requir	ed)		
l										

ERTIFICATE HOLDER	CANCELLATION

Los Lunas Public Schools P. O. Drawer 1300 Fax #866-8262 Los Lunas, NM 87031 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



DATE (MM/DD/YYYY) 9/15/2014

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certificate floider in fled of such endorsement(s).						
PRODUCER	CONTACT Marnita Kats					
First Santa Fe Insurance Services, Inc. 6501 Americas Parkway NE	PHONE (A/C, No, Ext): (505) 798-5850 FAX (A/C, No): (505) 7	98-5890				
Suite 101	E-MAIL ADDRESS: marnita@fsfins.com					
Albuquerque, NM 87110	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A : USLI					
INSURED	INSURER B:					
Albuquerque Youth Basketball League	INSURER C :					
P. O. Box 93475	INSURER D :					
Albuquerque, NM 87199-3475	INSURER E :					
	INSURER F:					
COVERAGES CERTIFICATE NUMBER:	REVISION NUMBER:					

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INSR LTR		TYPE OF INSURANCE		SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s	
A	X	COMMERCIAL GENERAL LIABILITY		5				EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			NPP1553221BC	10/01/2014	10/01/2015	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	3,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	Included
		OTHER:						ABUSE MOLESTATI	\$	100,000
	AUT	OMOBILE 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 \$							\$	
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$	
	(Man	ndatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$	
	DES	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
DESC	RIPT	TION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORE	0 101, Additional Remarks Schedule, may b	e attached if mo	re space is requir	red)		
CEF	RTIF	FICATE HOLDER			CANO	CELLATION				

Manzano Day School 1801 Central Ave. NW Albuquerque, NM 87104 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



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certificate floider in fled of such endorsement(s).						
PRODUCER	CONTACT Marnita Kats					
First Santa Fe Insurance Services, Inc. 6501 Americas Parkway NE	PHONE (A/C, No, Ext): (505) 798-5850 FAX (A/C, No): (505) 79	98-5890				
Suite 101	E-MAIL ADDRESS: marnita@fsfins.com					
Albuquerque, NM 87110	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A : USLI					
INSURED	INSURER B:					
Albuquerque Youth Basketball League	INSURER C:					
P. O. Box 93475	INSURER D:					
Albuquerque, NM 87199-3475	INSURER E :					
	INSURER F:					
COVERAGES CERTIFICATE NUMBER:	REVISION NUMBER:					

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INSR LTR	INSR			SUBR		POLICY EFF (MM/DD/YYYY)	POLICY EXP		LIMITS		
A	X	COMMERCIAL GENERAL LIABILITY	IIIOD	WVD				EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000	
		CLAIMS-MADE X OCCUR			NPP1553221BC	10/01/2014	10/01/2015	PREMISES (Ea occurrence)	\$	100,000	
								MED EXP (Any one person)	\$	5,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	3,000,000	
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	Included	
		OTHER:						ABUSE MOLESTATI	\$	100,000	
	AUT	OMOBILE 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 \$							\$		
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER			
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$		
	(Man	CER/MEMBER EXCLUDED? Idatory in NH)	IV. A					E.L. DISEASE - EA EMPLOYEE	\$		
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$		
DESC	RIPT	ION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORE	0 101, Additional Remarks Schedule, may b	e attached if mo	re space is requir	red)			
CEI	RTIF	ICATE HOLDER			CANO	CELLATION					

Menaul School 301 Menaul NE Fax #344-2517 Albuquerque, NM 87107 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



DATE (MM/DD/YYYY) 9/15/2014

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certificate noider in lieu of such endorsement(s).							
PRODUCER	CONTACT Marnita Kats						
First Santa Fe Insurance Services, Inc. 6501 Americas Parkway NE	PHONE (A/C, No, Ext): (505) 798-5850	FAX (A/C, No): (505) 798-5890					
Suite 101	E-MAIL ADDRESS: marnita@fsfins.com						
Albuquerque, NM 87110	INSURER(S) AFFORDING COVER	RAGE NAIC #					
	INSURER A : USLI						
INSURED	INSURER B:						
Albuquerque Youth Basketball League	INSURER C:						
P. O. Box 93475	INSURER D:						
Albuquerque, NM 87199-3475	INSURER E :						
	INSURER F:						
COVERAGES CERTIFICATE NUMBER	BER: REVISION	NUMBER:					
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE	CELLISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED) ABOVE FOR THE POLICY PERIOD					

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INSR			ADDL	SUBR		POLICY EFF	POLICY EXP	EXP		
A	Х	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)			1 000 000
^					NDD455004D0	10/04/05:5	10/04/00:-	EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000
		CLAIMS-MADE X OCCUR			NPP1553221BC	10/01/2014	10/01/2015	PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	3,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	Included
		OTHER:						ABUSE MOLESTATI	\$	100,000
	AUT	OMOBILE 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 \$							\$	
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$	
	(Man	CER/MEMBER EXCLUDED?	, A					E.L. DISEASE - EA EMPLOYEE	\$	
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
1										
DESC	CRIPT	ION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORE	0 101, Additional Remarks Schedule, may	be attached if mo	re space is requi	red)		
CFF	RTIF	ICATE HOLDER			CAN	ICELLATION				
					J GAI	OLLLA HOR				

National Guard Armory 4001 Northwest Loop 111th MEB Rio Rancho, NM 87144 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



DATE (MM/DD/YYYY) 9/15/2014

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PRODUCER	CONTACT Marnita Kats					
First Santa Fe Insurance Services, Inc. 6501 Americas Parkway NE	PHONE (A/C, No, Ext): (505) 798-5850 FAX (A/C, No): (505) 7	98-5890				
Suite 101	E-MAIL ADDRESS: marnita@fsfins.com					
Albuquerque, NM 87110	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A : USLI					
INSURED	INSURER B:					
Albuquerque Youth Basketball League	INSURER C:					
P. O. Box 93475	INSURER D :					
Albuquerque, NM 87199-3475	INSURER E:					
	INSURER F:					
COVERAGES CERTIFICATE NUMBER	DEVICION NUMBER					

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	S	
Α	Χ	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 1,000,0	000
		CLAIMS-MADE X OCCUR			NPP1553221BC	10/01/2014	10/01/2015	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,0	000
								MED EXP (Any one person)	\$ 5,0	000
								PERSONAL & ADV INJURY	\$ 1,000,0	000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,0	000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ Includ	ded
		OTHER:						ABUSE MOLESTATI	\$ 100,0	000
	AUT	TOMOBILE 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 \$							\$	
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$	
	(Man	ICER/MEMBER EXCLUDED?	III / A					E.L. DISEASE - EA EMPLOYEE	\$	
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
DESC	RIPT	TION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORE	0 101, Additional Remarks Schedule, may b	e attached if mo	re space is requir	red)		
CEF	RTIF	ICATE HOLDER			CANO	CELLATION				

New Mexico Activities Association 6600 Palomas NE Albuquerque, NM 87109 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



DATE (MM/DD/YYYY) 9/15/2014

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der timodice morder in ned or odon emdorsement(s).							
PRODUCER	CONTACT Marnita Kats						
First Santa Fe Insurance Services, Inc. 6501 Americas Parkway NE	PHONE (A/C, No, Ext): (505) 798-5850 FAX (A/C, No): (505) 798-	5890					
Suite 101	E-MAIL ADDRESS: marnita@fsfins.com						
Albuquerque, NM 87110	INSURER(S) AFFORDING COVERAGE	NAIC #					
	INSURER A : USLI						
INSURED	INSURER B:						
Albuquerque Youth Basketball League	INSURER C:						
P. O. Box 93475	INSURER D:						
Albuquerque, NM 87199-3475	INSURER E:						
	INSURER F:						
COVEDAGES CERTIFICATE NUMBER:	DEVISION NUMBER:						

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INSR LTR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	S	
Α	Χ	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 1,000,0	000
		CLAIMS-MADE X OCCUR			NPP1553221BC	10/01/2014	10/01/2015	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,0	000
								MED EXP (Any one person)	\$ 5,0	000
								PERSONAL & ADV INJURY	\$ 1,000,0	000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,0	000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ Includ	ded
		OTHER:						ABUSE MOLESTATI	\$ 100,0	000
	AUT	TOMOBILE 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 \$							\$	
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$	
	(Man	ICER/MEMBER EXCLUDED?	III / A					E.L. DISEASE - EA EMPLOYEE	\$	
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
DESC	RIPT	TION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORE	0 101, Additional Remarks Schedule, may b	e attached if mo	re space is requir	red)		
CEF	RTIF	ICATE HOLDER			CANO	CELLATION				

New Mexico Sports and Wellness 7120 Wyoming Blvd NE #88 Albuquerque, NM 87109

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.



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PRODUCER		CONTACT Marnita Kats	
First Santa Fe Insurance Services 6501 Americas Parkway NE	s, Inc.	PHONE (A/C, No, Ext): (505) 798-5850 FAX (A/C, No):	(505) 798-5890
Suite 101		E-MAIL ADDRESS: marnita@fsfins.com	
Albuquerque, NM 87110		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A : USLI	
INSURED		INSURER B:	
Albuquerque Youth	Basketball League	INSURER C:	
P. O. Box 93475	· ·	INSURER D:	
Albuquerque, NM 87	7199-3475	INSURER E:	
		INSURER F:	
COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:	

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INSR LTR		TYPE OF INSURANCE	ADDL	SUBF	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	 S
A	X	COMMERCIAL GENERAL LIABILITY		****				EACH OCCURRENCE	\$ 1,000,000
		CLAIMS-MADE X OCCUR			NPP1553221BC	10/01/2014	10/01/2015	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
								MED EXP (Any one person)	\$ 5,000
								PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ Included
		OTHER:						ABUSE MOLESTATI	\$ 100,000
	AUT	TOMOBILE 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 \$							\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Man	ndatory in NH)	,,,					E.L. DISEASE - EA EMPLOYEE	\$
	DES	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
DESC	RIPT	TION OF OPERATIONS / LOCATIONS / VEHICE	LES (ACORI	D 101, Additional Remarks Schedule, may b	e attached if mo	re space is requir	red)	
CEF	RTIF	ICATE HOLDER			CANO	CELLATION			

Sandia View Elementary 024 Academy Drive Corrales, NM 87048 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



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(-)								
PRODUCER	CONTACT Marnita Kats							
First Santa Fe Insurance Services, Inc. 6501 Americas Parkway NE	PHONE (A/C, No, Ext): (505) 798-5850 FAX (A/C, No): (505) 798-5							
Suite 101	E-MAIL ADDRESS: marnita@fsfins.com							
Albuquerque, NM 87110	INSURER(S) AFFORDING COVERAGE	NAIC #						
	INSURER A: USLI							
INSURED	INSURER B:							
Albuquerque Youth Basketball League	INSURER C:							
P. O. Box 93475	INSURER D:							
Albuquerque, NM 87199-3475	INSURER E :							
	INSURER F:							
COVERAGES CERTIFICATE NUMBER:	REVISION NUMBER:							

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INSR LTR		TYPE OF INSURANCE		SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	X	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	s 1,000,000
		CLAIMS-MADE X OCCUR			NPP1553221BC	10/01/2014	10/01/2015	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
								MED EXP (Any one person)	\$ 5,000
								PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ Included
		OTHER:						ABUSE MOLESTATI	\$ 100,000
	AUT	OMOBILE 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 \$							\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$
	(Man	CER/MEMBER EXCLUDED?	N / A					E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
DESC	RIPT	TION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORI	0 101, Additional Remarks Schedule, may b	e attached if mor	re space is requir	red)	
CEF	RTIF	ICATE HOLDER			CANO	CELLATION			

Sandpiper Apartments 4401 Montgomery Blvd. NE Albuquerque, NM 87109

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First Santa Fe Insurance Services, Inc. 6501 Americas Parkway NE	PHONE (A/C, No, Ext): (505) 798-5850 FAX (A/C, No): (505) 798-						
Suite 101	E-MAIL ADDRESS: marnita@fsfins.com						
Albuquerque, NM 87110	INSURER(S) AFFORDING COVERAGE	NAIC #					
	INSURER A : USLI						
INSURED	INSURER B:						
Albuquerque Youth Basketball League	INSURER C:						
P. O. Box 93475	INSURER D:						
Albuquerque, NM 87199-3475	INSURER E:						
	INSURER F:						
COVERAGES CERTIFICATE NUMBER	DEVICION NUMBER						

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR		TYPE OF INSURANCE	ADDLS	SUBR		POLICY EFF	POLICY EXP	LIMIT	
A	Х	COMMERCIAL GENERAL LIABILITY	INSD V	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)		1 000 000
^	_							EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,000,000
		CLAIMS-MADE X OCCUR	X		NPP1553221BC	10/01/2014	10/01/2015	PREMISES (Ea occurrence)	\$ 100,000
								MED EXP (Any one person)	\$ 5,000
		<u> </u>						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ Included
		OTHER:						ABUSE MOLESTATI	\$ 100,000
	AUT	OMOBILE 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)	\$
		A0100						(i ci dooidciit)	\$
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
		DED RETENTION \$							\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$
	(Man	CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
DESC	CRIPT	ION OF OPERATIONS / LOCATIONS / VEHIC	LES (AC	CORD) 101. Additional Remarks Schedule. may b	e attached if mor	e space is requir	red)	
					,		,	,	

ERTIFICATE HOLDER	CANCELLATION

St. Therese Parish & Archdiocese of Santa Fe 4000 St. Joseph Place NW Albuquerque, NM 87120-1700 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



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First Santa Fe Insurance Services, Inc. 6501 Americas Parkway NE	PHONE (A/C, No, Ext): (505) 798-5850 FAX (A/C, No): (505) 7	98-5890
Suite 101	E-MAIL ADDRESS: marnita@fsfins.com	
Albuquerque, NM 87110	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : USLI	
INSURED	INSURER B:	
Albuquerque Youth Basketball League	INSURER C:	
P. O. Box 93475	INSURER D:	
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	INSURER F:	
	DE1/(0/01/14/DED	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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	CLL	JSIONS AND CONDITIONS OF SUCH								
INSR LTR		TYPE OF INSURANCE	ADDL INSD		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			NPP1553221BC	10/01/2014	10/01/2015	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	L'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	3,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	Included
		OTHER:						ABUSE MOLESTATI	\$	100,000
	AUT	OMOBILE 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 \$							\$	
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$	
	(Man	ndatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$	
	DES	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
DESC	RIPT	TION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORE	0 101, Additional Remarks Schedule, may b	e attached if mor	re space is requir	red)		

CERTIFICATE HOLDER CANCELLATION

Sunset View Elementary School 6121 Paradise Blvd. NW Fax #898-9233 Attn: Linda Townsend Johnson Albuquerque, NM 87119 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



DATE (MM/DD/YYYY) 9/15/2014

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).

	511 G114G13G111G111(G)1							
PRODUCER		CONTACT Marnita Kats		_				
First Santa Fe Insurance Service 6501 Americas Parkway NE	es, Inc.	PHONE (A/C, No, Ext): (505) 798-5850 FAX (A/C, No): (505) 798-5						
Suite 101		E-MAIL ADDRESS: marnita@fsfins.com						
Albuquerque, NM 87110		INSURER(S) AFFORDING COVERAGE		NAIC #				
		INSURER A : USLI						
INSURED		INSURER B:						
Albuquerque Youth	n Basketball League	INSURER C:						
P. O. Box 93475	· ·	INSURER D :						
Albuquerque, NM 8	7199-3475	INSURER E :						
		INSURER F:						
COVERAGES	CERTIFICATE NUMBER:	REVISION NUM	IBER:					

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR		TYPE OF INSURANCE	ADDL	SUBF	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	 S
A	X	COMMERCIAL GENERAL LIABILITY		****				EACH OCCURRENCE	\$ 1,000,000
		CLAIMS-MADE X OCCUR			NPP1553221BC	10/01/2014	10/01/2015	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
								MED EXP (Any one person)	\$ 5,000
								PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ Included
		OTHER:						ABUSE MOLESTATI	\$ 100,000
	AUT	TOMOBILE 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 \$							\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Man	ndatory in NH)	,,,					E.L. DISEASE - EA EMPLOYEE	\$
	DES	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
DESC	RIPT	TION OF OPERATIONS / LOCATIONS / VEHICE	LES (ACORI	D 101, Additional Remarks Schedule, may b	e attached if mo	re space is requir	red)	
CEF	RTIF	ICATE HOLDER			CANO	CELLATION			

Temple Baptist 1621 Arizona NE Albuquerque, NM 87110 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



9/15/2014

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certificate holder in lieu of such endorsement(s).							
PRODUCER	CONTACT Marnita Kats						
First Santa Fe Insurance Services, Inc. 6501 Americas Parkway NE	PHONE (A/C, No, Ext): (505) 798-5850 FAX (A/C, No): (505)	798-5890					
Suite 101	E-MÂIL ADDRESS: marnita@fsfins.com						
Albuquerque, NM 87110	INSURER(S) AFFORDING COVERAGE	NAIC #					
	INSURER A : USLI						
INSURED	INSURER B:						
Albuquerque Youth Basketball League	INSURER C:						
P. O. Box 93475	INSURER D:						
Albuquerque, NM 87199-3475	INSURER E :						
	INSURER F:						
COVERAGES CERTIFICATE NUMBER:	REVISION NUMBER:						
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW	HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE PO	LICY PERIOD					

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| TYPE OF INSURANCE | ADDLISUBRI INSTITUTE | POLICY EFF | POLIC

INSR LTR				SUBR WVD		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
Α	X	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 1,000,000
		CLAIMS-MADE X OCCUR			NPP1553221BC	10/01/2014	10/01/2015	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
								MED EXP (Any one person)	\$ 5,000
								PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ Included
		OTHER:						ABUSE MOLESTATI	\$ 100,000
	AUT	OMOBILE 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 \$							\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$
	(Man	CER/MEMBER EXCLUDED?						E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION 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)									
CERTIFICATE HOLDER						CELLATION			
l									

CERTIFICATE HOLDER	CANCELLATION
TO WHOM IT MAY CONCERN	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
	Marnita L. Kats