



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/23/2020

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 have ADDITIONAL INSURED provisions or 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).

PRODUCER Bene-Marc, Inc. 6301 Southwest Blvd., Suite 101 Fort Worth, TX 76132-1063 (800) 247-1734	CONTACT NAME: PHONE (A/C, No, Ext): (800) 247-1734		FAX (A/C, No): (817) 738-1811
	E-MAIL ADDRESS: contact@bene-marc.com		
INSURED Northville Baseball/Softball Association PO Box 147 Northville, MI 48167	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Certain Underwriters at Lloyds		AA-1127861
	INSURER B: AXIS Insurance Company		37273
	INSURER C: HDI Global Specialty SE		AA-1120822
	INSURER D:		
	INSURER E:		
INSURER F:			

COVERAGES

CERTIFICATE NUMBER: 5439-51277-235843

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<input checked="" type="checkbox"/>		19LB1876-51277	1/1/2021	1/1/2022	EACH OCCURRENCE	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000.00
	<input checked="" type="checkbox"/> INCLUDES Participant Legal Liability						MED EXP (Any one person)	\$ 100,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	\$ 5,000.00
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE	\$ 1,000,000.00
	OTHER:						PRODUCTS - COMP/OP AGG	\$ 5,000,000.00
							* Medical Exp for Spectators Only	\$ 2,000,000.00
							AUTOMOBILE LIABILITY	
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person)	\$	
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident)	\$	
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY				PROPERTY DAMAGE (Per accident)	\$	
	<input type="checkbox"/> AUTOS ONLY						\$	
C	<input type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/>		18EX1718-51277	1/1/2021	1/1/2022	EACH OCCURRENCE	
	<input checked="" type="checkbox"/> EXCESS LIAB						AGGREGATE	\$ 2,000,000.00
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$							\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input type="checkbox"/>	N/A				PER STATUTE	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						OTH-ER	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
B	Excess Accident Medical			SRPO-30000-4000-0797	1/1/2021	1/1/2022	E.L. DISEASE - POLICY LIMIT	
								\$
							Limit 100,000.00 / Deductible 250.00	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

This policy includes a blanket additional insured endorsement that provides additional insured status to the certificate holder per form CG2026 07/04. Coverage Applies to Activities: Youth Baseball, T-Ball, Softball League. Coverage Excludes: Tournament Hosting, Camps/Clinics, Tryouts. Abuse or Molestation Coverage - Each Incident Limit \$1,000,000, Aggregate Limit \$2,000,000. Coverage for Sports Equipment - Policy # 17IM1207-51277 \$20,000.00 limit with a \$500.00 deductible.

CERTIFICATE HOLDER 5439-51277-235843

CANCELLATION

Northville Public Schools 405 West Main Street Northville, MI 48167	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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