

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/30/2022

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).

this certificate does not co				•	nay require an end	iorsement. A s	tatement on
PRODUCER			CONTACT NAME:				
Bene-Marc, Inc. 6301 Southwest Blvd., Suite 101 Fort Worth, TX 76132-1063 (800) 247-1734		L	PHONE (A/C, No, Ext): (800) 247-1734 FAX (A/C, No): (817)			738-1811	
			E-MAIL ADDRESS: contact@bene-marc.com				
				INSURER(S) AFFORDING COVERAGE			NAIC#
			INSURER A: HDI Global Specialty SE			AA-1120822	
Northville Baseball/Softball Association PO Box 147 Northville, MI 48167			INSURER B : /	AXIS Insurance Company			37273
			INSURER C:				
			INSURER D:				
11010111110, 1111 10101			INSURER E :				
			INSURER F :				
COVERAGES	CERTIFICATE N	UMBER: 5439-53320	-248190		REVISION NU	IMBER:	
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 CONDITION	· · · · · · · · · · · · · · · · · · ·						,
NSR TYPE OF INCUEAN	ADDL SUBR		POLI	CY EFF POLICY	EXP	LIMITO	

TYPE OF INSURANCE POLICY NUMBER (MM/DD/YYYY) (MM/DD/YYYY) LTR INSD WVD COMMERCIAL GENERAL LIABILITY 1,000,000.00 **EACH OCCURRENCE** X 18LB3869-53320 1/1/2023 1/1/2024 DAMAGE TO RENTED CLAIMS-MADE | X | OCCUR 100,000.00 PREMISES (Ea occurrence) \$ Χ **INCLUDES Participant Legal** 5,000.00 MED EXP (Any one person) \$ Α Liability 1,000,000.00 \$ PERSONAL & ADV INJURY 5.000.000.00 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$ 2,000,000.00 POLICY LOC \$ PRODUCTS - COMP/OP AGG * Medical Exp for Spectators Only OTHER: COMBINED SINGLE LIMIT **AUTOMOBILE LIABILITY** (Ea accident) ANY AUTO BODILY INJURY (Per person) \$ OWNED AUTOS ONLY SCHEDULED BODILY INJURY (Per accident) AUTOS NON-OWNED AUTOS ONLY PROPERTY DAMAGE \$ AUTOS ONLY (Per accident) \$ **UMBRELLA LIAB** 2,000,000.00 OCCUR **EACH OCCURRENCE** \$ 18EX2653-53320 1/1/2023 1/1/2024 X **EXCESS LIAB** 2,000,000.00 CLAIMS-MADE AGGREGATE DED RETENTION \$ \$ WORKERS COMPENSATION OTH-ER PER STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE E.L. EACH ACCIDENT \$ N/A OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT | \$ **Excess Accident Medical** SRPO-30000-4000-0797 1/1/2023 1/1/2024 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 CG 20 26 07/04.

Coverage Applies to Activities: Youth Baseball, T-Ball, Softball League.

Abuse or Molestation Coverage - Each Incident Limit \$1,000,000, Aggregate Limit \$2,000,000.

Coverage for Sports Equipment - Policy # 17IM1530-53320 \$20,000.00 limit with a \$500.00 deductible.

CERTIFICATE HOLDER 5439-53320-248190	CANCELLATION			
Championship Tourneys, LLC PO Box 643 Pinckney, MI 48169	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
ı	AUTHORIZED REPRESENTATIVE ALL ANTON HOLL			

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