ACORD	

## **CERTIFICATE OF LIABILITY INSURANCE**

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

									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).												
Bene-Marc, Inc.						NAME: France   PHONE (800) 247-1734 FAX   Gale No Even (817) 738-1811						
6301 Southwest Blvd., Suite 101					E-MAIL contract@bana.mara.com							
Fort Worth, TX 76132-1063					ADDRESS: CONTRACT@Dene-marc.com INSURER(S) AFFORDING COVERAGE					NAIC #		
(00	(800) 247-1734					INSURER A : HDI Global Specialty SE						
INSURED					INSURER B : AXIS Insurance Company					AA-1120822 37273		
-	Northville Baseball/Softball Association					INSURER C :						
-	PO Box 147 Northville, MI 48167					INSURER D :						
					INSURER E :							
					INSURI	ERF:						
CC	VERAGES CER	TIFIC	CATE	NUMBER: 5439-5332	)-248	179		<b>REVISION NUMBER:</b>				
ll C	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.											
INSF LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s			
	X COMMERCIAL GENERAL LIABILITY	X		18LB3869-53320		1/1/2023	1/1/2024	EACH OCCURRENCE	\$	1,000,000.00		
	CLAIMS-MADE X OCCUR			10280000 00020		., ., 2020	., ., _0	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000.00		
А	X INCLUDES Participant Legal							MED EXP (Any one person)	\$	5,000.00		
$ ^{\sim}$	Liability							PERSONAL & ADV INJURY	\$	1,000,000.00		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	5,000,000.00		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000.00		
	OTHER:							* Medical Exp for Spe		3 Only		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$			
	ANY AUTO							BODILY INJURY (Per person)	\$			
	AUTOS ONLY AUTOS HIRED NON-OWNED							BODILY INJURY (Per accident) PROPERTY DAMAGE				
								(Per accident)	\$			
									\$			
<u>,</u>	UMBRELLA LIAB X OCCUR			18EX2653-53320		1/1/2023	1/1/2024	EACH OCCURRENCE	Ť	2,000,000.00		
A		-						AGGREGATE	-	2,000,000.00		
	DED RETENTION \$   WORKERS COMPENSATION							PER OTH-	\$			
	AND EMPLOYERS' LIABILITY Y / N ANYPROPRIETOR/PARTNER/EXECUTIVE								¢			
	OFFICER/MEMBEREXCLUDED?	N/A						E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE	\$			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	¢			
В	Excess Accident Medical			SRPO-30000-4000-0	797	1/1/2023	1/1/2024	Limit 100,000.00 / De	ductibl	e 250.00		
						., ., 2020	., ., _0			0 200.00		
DES	cription of operations / Locations / vehic is policy includes a blanket addition	LĘŞ (A	CORD	101, Additional Remarks Schedu	e, may b	e attached if mor	e space is require	ed)	·			
	is policy includes a blanket additiona 07/04.	al ins	ured	endorsement that provi	des a	dditional insi	ured status t	to the certificate holder	per to	rm CG 20		
	verage Applies to Activities: Youth E	Basel	ball .	T-Ball Softball League								
					regat	e Limit \$2.00	0.000.					
	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.											
CE	RTIFICATE HOLDER 5439-53320	-248	179		CAN	CELLATION						
	City of Pigeon Forge, TN											
	3221 Rena St. SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE											
Pig	Pigeon Forge, TN 37863 THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.											
	AUTHORIZED REPRESENTATIVE ALIDA LAND Hall									0.0		
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