

## 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).

	SUBROGATION IS WAIVED, subject some subject subject some subject su					y require an endorsem	ient. A s	tatement on
PROD		CONTACT NAME:						
	e-Marc, Inc.	PHONE (A/C, No, Ext):	738-1811					
	Southwest Blvd., Suite 101 Worth, TX 76132-1063	Ti-	E-MAIL ADDRESS: contact@bene-marc.com					
	300) 247-1734				NAIC#			
(,				INSURER A : HD	AA-1120822			
INSUR		ı	INSURER B : AX	37273				
	hville Baseball/Softball Associatio	ı	INSURER C :					
PO Box 147 Northville, MI 48167				INSURER D :				
11011	TVIIIO, IVII 10101		ı	INSURER E :				
			ı	INSURER F :				
cov	ERAGES CE	RTIFICATE	NUMBER: 5439-53320	20-248176 <b>REVISION NUMBER</b> :				
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 REPTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS								
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.								
NSR LTR	TYPE OF INSURANCE	ADDL SUBR		POLICY (MM/DD/Y	FF POLICY EXI		IMITS	
	X COMMERCIAL GENERAL LIABILITY	V	18I B3860-53320	1/1/20	23 1/1/2024	EACH OCCURRENCE	s	1,000,000.00

INSR LTR		TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
А	X	COMMERCIAL GENERAL LIABILITY	Х		18LB3869-53320	1/1/2023	1/1/2024	EACH OCCURRENCE	\$	1,000,000.00
		CLAIMS-MADE X OCCUR	\ \					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000.00
	Χ	INCLUDES Participant Legal						MED EXP (Any one person)	\$	5,000.00
		Liability						PERSONAL & ADV INJURY	\$	1,000,000.00
	GEN	I'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 Spec	cŧato	ors Only
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	
		ANY AUTO						BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
		UMBRELLA LIAB X OCCUR			18EX2653-53320	1/1/2023	1/1/2024	EACH OCCURRENCE	\$	2,000,000.00
Α	Χ	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	2,000,000.00
		DED RETENTION \$							\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A					E.L. EACH ACCIDENT	\$	
								E.L. DISEASE - EA EMPLOYEE	\$	
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
В	Excess Accident Medical				SRPO-30000-4000-0797	1/1/2023	1/1/2024	Limit 100,000.00 / Dec	ducti	ble 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	5439-53320-248176	CANCELLATION		
County of Erie, Ohio 2900 Columbus Avenue Sandusky, OH 44870		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		
1		AUTHORIZED REPRESENTATIVE TWO LONDON HOLL		