



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).

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														
<table style="width: 100%; border: none;"> <tr> <td style="border: none;">INSURER(S) AFFORDING COVERAGE</td> <td style="border: none;">NAIC #</td> </tr> <tr> <td style="border: none;">INSURER A : HDI Global Specialty SE</td> <td style="border: none;">AA-1120822</td> </tr> <tr> <td style="border: none;">INSURER B : AXIS Insurance Company</td> <td style="border: none;">37273</td> </tr> <tr> <td style="border: none;">INSURER C :</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER D :</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER E :</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER F :</td> <td style="border: none;"></td> </tr> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : HDI Global Specialty SE	AA-1120822	INSURER B : AXIS Insurance Company	37273	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : HDI Global Specialty SE	AA-1120822														
INSURER B : AXIS Insurance Company	37273														
INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															
INSURED Northville Baseball/Softball Association PO Box 147 Northville, MI 48167															

COVERAGES CERTIFICATE NUMBER: 5439-53320-248163 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 <small>CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR</small>	<input checked="" type="checkbox"/>		18LB3869-53320	1/1/2023	1/1/2024	EACH OCCURRENCE \$ 1,000,000.00
	<input checked="" type="checkbox"/> INCLUDES Participant Legal Liability						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00
	<small>GEN'L AGGREGATE LIMIT APPLIES PER:</small>						MED EXP (Any one person) \$ 5,000.00
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY \$ 1,000,000.00
	<small>OTHER:</small>						GENERAL AGGREGATE \$ 5,000,000.00
							PRODUCTS - COMP/OP AGG \$ 2,000,000.00
	AUTOMOBILE LIABILITY <small>ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY</small>						* Medical Exp for Spectators Only COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE		18EX2653-53320	1/1/2023	1/1/2024	EACH OCCURRENCE \$ 2,000,000.00
	<small>DED RETENTION \$</small>						AGGREGATE \$ 2,000,000.00
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <small>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)</small>	<input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A					PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	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 5439-53320-248163 Hidden Springs Church 5860 N Latson Rd Howell, MI 48855	CANCELLATION 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
--	--