



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 | |
| | INSURER(S) AFFORDING COVERAGE INSURER A : HDI Global Specialty SE INSURER B : AXIS Insurance Company INSURER C : INSURER D : INSURER E : INSURER F : | NAIC # AA-1120822 37273 |
| INSURED Northville Baseball/Softball Association PO Box 147 Northville, MI 48167 | | |

COVERAGES **CERTIFICATE NUMBER:** 5439-53320-248188 **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 type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> INCLUDES Participant Legal Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | <input checked="" type="checkbox"/> | | 18LB3869-53320 | 1/1/2023 | 1/1/2024 | EACH OCCURRENCE \$ 1,000,000.00 |
| | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00 | | | | | | |
| | | | | | | | MED EXP (Any one person) \$ 5,000.00 |
| | | | | | | | PERSONAL & ADV INJURY \$ 1,000,000.00 |
| | | | | | | | GENERAL AGGREGATE \$ 5,000,000.00 |
| | | | | | | | PRODUCTS - COMP/OP AGG \$ 2,000,000.00 |
| | | | | | | | * Medical Exp for Spectators Only |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS 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"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | | 18EX2653-53320 | 1/1/2023 | 1/1/2024 | EACH OCCURRENCE \$ 2,000,000.00 |
| | | | | | | | AGGREGATE \$ 2,000,000.00 |
| | | | | | | | \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below | | 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 5439-53320-248188

CANCELLATION

| | |
|---|--|
| Michigan Wolves Baseball Inc. 8841 Macomb St. #772 Grosse Ile, MI 43138 | 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  |
|---|--|

© 1988-2015 ACORD CORPORATION. All rights reserved.