

## 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		CONTACT NAME:					
Bene-Marc, Inc. 6301 Southwest Blvd., Suite 101	101	PHONE (A/C, No, Ext)	: (800) 247-1734	FAX (A/C, No): (817)	738-1811		
Fort Worth. TX 76132-1063		É-MAIL ADDRESS:	E-MAIL ADDRESS: contact@bene-marc.com				
(800) 247-1734			INSURER(S) AFFORDING COVERAGE				
,		INSURER A: HDI Global Specialty SE			AA-1120822		
NSURED		INSURER B:	AXIS Insurance Company		37273		
Northville Baseball/Softball Association PO Box 147			INSURER C:				
Northville, MI 48167		INSURER D :					
		INSURER E :					
		INSURER F :	INSURER F:				
COVERAGES	CERTIFICATE NUMBER:	5439-53320-248174	REVISION NU	MBER:			
			SUED TO THE INSURED NAMED ABO INTRACT OR OTHER DOCUMENT WIT				

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 SUB		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
А	X	COMMERCIAL GENERAL LIABILITY	Χ	18LB3869-53320	1/1/2023	1/1/2024	EACH OCCURRENCE \$ 1,000,000.00
		CLAIMS-MADE X OCCUR	^				DAMAGE TO RENTED \$ 100,000.00
	Χ	INCLUDES Participant Legal					MED EXP (Any one person) \$ 5,000.00
		Liability					PERSONAL & ADV INJURY \$ 1,000,000.00
	GEN	N'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 Spectators 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 \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						PER OTH- STATUTE ER
			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	Ex	cess 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.

<b>CERTIFICATE HOLDER</b> 5439-53320-248174	CANCELLATION		
Mission Bridge LLC 19970 Silver Springs Drive Northville, MI 48167	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 ALL LYNN Hall		

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