

CERTIFICATE OF LIABILITY INSURANCE

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

2,000,000.00

\$

* Medical Exp for Spectators Only

PRODUCTS - COMP/OP AGG

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).

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PRODUCER	CONTACT NAME:	
Bene-Marc, Inc. 6301 Southwest Blvd., Suite 101 Fort Worth, TX 76132-1063	PHONE (A/C, No, Ext): (800) 247-1734 FAX (A/C, No): (817)	738-1811
	E-MAIL ADDRESS: contact@bene-marc.com	
(800) 247-1734	INSURER(S) AFFORDING COVERAGE	NAIC#
` '	INSURER A: HDI Global Specialty SE	AA-1120822
Northville Baseball/Softball Association PO Box 147 Northville, MI 48167	INSURER B: AXIS Insurance Company	37273
	INSURER C:	
	INSURER D:	
11010111110, 1111 10101	INSURER E :	
	INSURER F:	
COVERAGES CERTIFICATE NUMBER: 5439-53320	0-248161 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. ADDL SUBR POLICY EFF POLICY EXP (MM/DD/YYYY) TYPE OF INSURANCE LIMITS INSD WVD POLICY NUMBER COMMERCIAL GENERAL LIABILITY 1,000,000.00 EACH OCCURRENCE Х 18LB3869-53320 1/1/2023 1/1/2024 DAMAGE TO RENTED CLAIMS-MADE | X | OCCUR 100,000.00 PREMISES (Ea occurrence) \$ INCLUDES Participant Legal X 5,000.00 MED EXP (Any one person) \$ Α Liability 1,000,000.00 \$ PERSONAL & ADV INJURY 5.000.000.00 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$

COMBINED SINGLE LIMIT **AUTOMOBILE LIABILITY** (Ea accident) ANY AUTO BODILY INJURY (Per person) \$ OWNED AUTOS ONLY SCHEDULED BODILY INJURY (Per accident) \$ AUTOS NON-OWNED AUTOS ONLY PROPERTY DAMAGE \$ AUTOS ONLY (Per accident) \$ **UMBRELLA LIAB** 2,000,000.00 OCCUR **EACH OCCURRENCE** \$ 18EX2653-53320 1/1/2023 1/1/2024

Χ **EXCESS LIAB** 2,000,000.00 Α AGGREGATE **CLAIMS-MADE** DED RETENTION \$ \$ WORKERS COMPENSATION OTH-ER PER STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE E.L. EACH ACCIDENT \$ N / A OFFICER/MEMBER EXCLUDED?

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.

PRO-JECT LOC

POLICY

OTHER:

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 5439-53320-248161	CANCELLATION
Our Savior Lutheran Church 13667 Highland Rd Hartland, MI 48353	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 AUTHORIZED REPRESENTA

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