

## 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).

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PRODUCER	CONTACT NAME:				
Bene-Marc, Inc.	PHONE (A/C, No, Ext): (800) 247-1734 FAX (A/C, No): (817)	738-1811			
6301 Southwest Blvd., Suite 101 Fort Worth, TX 76132-1063	E-MAIL ADDRESS: contact@bene-marc.com				
(800) 247-1734	INSURER(S) AFFORDING COVERAGE	NAIC#			
,	INSURER A: HDI Global Specialty SE	AA-1120822			
INSURED	INSURER B: AXIS Insurance Company	37273			
Northville Baseball/Softball Association PO Box 147	INSURER C:				
Northville, MI 48167	INSURER D:				
	INSURER E:				
	INSURER F:				
COVERAGES CERTIFICATE NUMBER: 5439-5332	0-248194 <b>REVISION NUMBER</b> :				
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA					

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	INSR   ADDL SUBR  POLICY ESP   POLICY ESP   POLICY ESP   POLICY ESP							
LTR		INSD WV		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS		
	X COMMERCIAL GENERAL LIABILITY	X	18LB3869-53320	1/1/2023	1/1/2024	EACH OCCURRENCE \$ 1,000,000.00		
A	CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00		
	X INCLUDES Participant Legal					MED EXP (Any one person) \$ 5,000.00		
^	Liability					PERSONAL & ADV INJURY \$ 1,000,000.00		
	GEN'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		
	AUTOMOBILE 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) \$		
						\$		
Α	UMBRELLA LIAB X OCCUR		18EX2653-53320	1/1/2023	1/1/2024	EACH OCCURRENCE \$ 2,000,000.00		
	X EXCESS LIAB CLAIMS-MADE					AGGREGATE \$ 2,000,000.00		
	DED RETENTION\$					\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER		
	ANYPROPRIETOR/PARTNER/EXECUTIVE .	N/A				E.L. EACH ACCIDENT \$		
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE \$		
	If yes, describe under DESCRIPTION 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 / 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> 5439-53320-248194	CANCELLATION		
Saline Area Youth Baseball & Softball P.O. Box 542 Saline, MI 48176	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 ANYMOU HALL		

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