

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. 6301 Southwest Blvd., Suite 101	PHONE (A/C, No, Ext): (800) 247-1734 FAX (A/C, No): (817)	738-1811				
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	INSURER C:					
PO Box 147 Northville, MI 48167	INSURER D:					
110101111110, 1111 10101	INSURER E :					
	INSURER F:					
COVERAGES CERTIFICATE NUMBER: 5439-5332	0-248172 REVISION NUMBER :					
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVINDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDI	OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO V	WHICH THIS				

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.

SR
TYPE OF INSURANCE

ADDLISUBR INSU WYD
POLICY NUMBER

MM/DD/YYYY)

ADDLISUBR INSU WYD
POLICY EXP
(MM/DD/YYYY)

ADDLISUBR (MM/DD/YYYY)

ADDLISUBR INSU WYD
POLICY EXP
(MM/DD/YYYY)

ADDLISUBR INSU WYD
POLICY EXP
(MM/DD/YYYY)

ADDLISUBR INSU WYD
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LIK	_	=	INSD	VVVD	I OLIO I NOMBLIX					
	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 PREMISES (Ea occurrence)	\$	100,000.00
A	X	INCLUDES Participant Legal						MED EXP (Any one person)	\$	5,000.00
^		Liability						PERSONAL & ADV INJURY	\$	1,000,000.00
	GEI	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 Spe	cŧato	ors Only
	AU	FOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	
		ANY AUTO						BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY AUTOS						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	X	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	2,000,000.00
		DED RETENTION \$							\$	
		RKERS COMPENSATION DEMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A				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 / De	ducti	ble 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	5439-53320-248172	CANCELLATION
Schoolcraft College 18600 Haggerty Road Livonia, MI 48152		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
ı		AUTHORIZED REPRESENTATIVE ALL AND HOLD

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