ACORD	

## **CERTIFICATE OF LIABILITY INSURANCE**

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

			•••					-	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											
Producer						NAME: PHONE (000) 047 1704 FAX (017) 720 1011					
6301 Southwest Blvd., Suite 101					(A/C, No, Ext):         (000) 247-1734         (A/C, No):         (017) 730-1011           E-MAIL         contract@bong.marg.com						
Fort Worth, TX 76132-1063					ADDINEGO:					NAIC #	
(800) 247-1734					INSURER(S) AFFORDING COVERAGE					NAIC # AA-1120822	
INSURED					INSURER B : AXIS Insurance Company					37273	
Northville Baseball/Softball Association					INSURER C :					0.2.0	
-	) Box 147				INSURER D :						
INO	orthville, MI 48167				INSURER E :						
					INSUR						
со	OVERAGES CER	TIFIC	ATE	<b>NUMBER:</b> 5439-5332	0-248	189		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		INSD		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	-		
	X COMMERCIAL GENERAL LIABILITY	X		18LB3869-53320		1/1/2023	1/1/2024	EACH OCCURRENCE	\$	1,000,000.00	
								PREMISES (Ea occurrence)	\$	100,000.00	
А	X INCLUDES Participant Legal Liability							MED EXP (Any one person)	\$	5,000.00	
	,							PERSONAL & ADV INJURY	÷	1,000,000.00	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	÷	5,000,000.00	
								PRODUCTS - COMP/OP AGG	+	2,000,000.00	
								* Medical Exp for Spe COMBINED SINGLE LIMIT	s	s Only	
	ANY AUTO							(Ea accident) BODILY INJURY (Per person)	\$ \$		
	OWNED SCHEDULED							,	\$		
	AUTOS ONLY AUTOS HIRED NON-OWNED							PROPERTY DAMAGE	\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
	UMBRELLA LIAB X OCCUR			18EX2653-53320		1/1/2023	1/1/2024	EACH OCCURRENCE	\$	2,000,000.00	
А	X EXCESS LIAB CLAIMS-MADE			102/2000-00020		1/1/2025	1/1/2024	AGGREGATE		2,000,000.00	
	DED RETENTION \$								\$		
								PER OTH- STATUTE ER			
	AND EMPLOYERS' LIABILITY Y / N ANYPROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBEREXCLUDED?	<b>N</b> /A						E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
В	Excess Accident Medical			SRPO-30000-4000-0	797	1/1/2023	1/1/2024	Limit 100,000.00 / Dec	ductibl	e 250.00	
DES	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ĘŞ (A	CORD	101, Additional Remarks Schedu	e, may b	e attached if mor	e space is require	ed)			
	07/04.	al insi	urea	endorsement that provi	des a	dditional insi	ured status t	to the certificate holder	per to	rm CG 20	
	overage Applies to Activities: Youth B	Baseb	all.	T-Ball, Softball League,							
	use or Molestation Coverage - Each				regati	e Limit \$2,00	0,000.				
Co	overage for Sports Equipment - Policy	y # 1	7IM′	1530-53320 \$20,000.00	limit v	vith a \$500.0	0 deductible	Э.			
	RTIFICATE HOLDER 5439-53320	-248	189		CAN	CELLATION					
	e City of Kokomo				SHO						
100 South Union St Kokomo, IN 46901						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
								0.0			
			AUTHORIZED REPRESENTATIVE ALIDA LAMON Hall								

© 1988-2015 ACORD CORPOR