

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

| tills certificate does not confer | rigints to the certificate holder in hed of st | ich endorse | nent(s). | | | |
|--|--|---------------------------------------|-------------------------------|----------------|-------------|--|
| PRODUCER | | CONTACT NAME: | | | | |
| Bene-Marc, Inc. 6301 Southwest Blvd., Suite 10 | 1 | PHONE (A/C, No, Ext): | 738-1811 | | | |
| Fort Worth, TX 76132-1063 (800) 247-1734 | ı | E-MAIL ADDRESS: contact@bene-marc.com | | | | |
| | | | NAIC# | | | |
| , | | INSURER A : H | AA-1120822 | | | |
| Northville Baseball/Softball Association PO Box 147 Northville, MI 48167 | | INSURER B : A | 37273 | | | |
| | ciation | INSURER C: | | | | |
| | | INSURER D : | | | | |
| rtorarimo, ini 10101 | | INSURER E : | | | | |
| | | INSURER F: | | | | |
| COVERAGES | CERTIFICATE NUMBER: 5439-5332 | 0-248162 | REVISION NUI | MBER: | | |
| THIS IS TO CERTIFY THAT THE P | OLICIES OF INSURANCE LISTED BELOW HAY | VE BEEN ISSI | JED TO THE INSURED NAMED ABOV | /E FOR THE POI | LICY 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 | | TYPE OF INSURANCE | ADDL S | | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|-------------|---|----------------------------------|--------|----------------|----------------------|----------------------------|-----------------------------------|---|
| | X | COMMERCIAL GENERAL LIABILITY | Х | 18LB3869-53320 | 1/1/2023 | 1/1/2024 | EACH OCCURRENCE \$ 1,000,000.00 | |
| А | | CLAIMS-MADE X OCCUR | ^ | | .0120000 00010 | ., ., | ., ., | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00 |
| | Χ | INCLUDES Participant Legal | | | | | | MED EXP (Any one person) \$ 5,000.00 |
| | | Liability | | | | | | PERSONAL & ADV INJURY \$ 1,000,000.00 |
| | GEN | L'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) If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | PER OTH- STATUTE ER |
| | | | N/A | | | | | E.L. EACH ACCIDENT \$ |
| | | | | | | | | E.L. DISEASE - EA EMPLOYEE \$ |
| | | | | | | | | E.L. DISEASE - POLICY LIMIT \$ |
| В | B 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

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 5439-53320-248162 | CANCELLATION | | | |
|---|--|--|--|--|
| The City of Westfield / Bullpen Tournaments 711 East 191st Street Westfield, IN 46074 | 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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