

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).										
PRODUCER Bene-Marc, Inc. 6301 Southwest Blvd., Suite 101 Fort Worth, TX 76132-1063 (800) 247-1734					CONTACT NAME:					
					PHONE (A/C, No, Ext): (800) 247-1734 FAX (A/C, No): (817) 738-1811					
					E-MAIL ADDRESS: contact@bene-marc.com					
					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:				
Northville, IVII 46167					INSURER E :					
					INSURER F:					
COVERAGES CERTIFICATE NU			NUMBER: 5439-5332	0			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.										
NSR LTR	TYPE OF INSURANCE		SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
X	COMMERCIAL GENERAL LIABILITY			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
, X	INCLUDES Participant Legal							MED EXP (Any one person)	\$	5,000.00

LTR	TYPE OF INSURANCE		INSD WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	
	X	COMMERCIAL GENERAL LIABILITY		18LB3869-53320	1/1/2023	1/1/2024		\$ 1,000,000.00
A		CLAIMS-MADE X OCCUR					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	I'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 Spec	sators 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 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\$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	\$
							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 / Ded	uctible 250.00

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) 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	CANCELLATION
Northville Baseball/Softball Association PO Box 147 Northville, MI 48167 Attn: Erick Clauson	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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