



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/17/2019

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														
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Certain Underwriters at Lloyds</td> <td>AA-1127861</td> </tr> <tr> <td>INSURER B : AXIS Insurance Company</td> <td>37273</td> </tr> <tr> <td>INSURER C : HDI Global Specialty SE</td> <td>AA-1120822</td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Certain Underwriters at Lloyds	AA-1127861	INSURER B : AXIS Insurance Company	37273	INSURER C : HDI Global Specialty SE	AA-1120822	INSURER D :		INSURER E :		INSURER F :
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INSURED Northville Baseball/Softball Association PO Box 147 Northville, MI 48167															

COVERAGES **CERTIFICATE NUMBER:** 5439-50719-232445 **REVISION NUMBER:** REVISED: 01/28/2020

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	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<input checked="" type="checkbox"/>		19LB1184-50719	1/1/2020	1/1/2021	EACH OCCURRENCE \$ 1,000,000.00
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00
	<input checked="" type="checkbox"/> INCLUDES Participant Legal Liability						MED EXP (Any one person) \$ 5,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 3,000,000.00 PRODUCTS - COMP/OP AGG \$ 2,000,000.00 * Medical Exp for Spectators Only
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			18EX1430-50719	1/1/2020	1/1/2021	EACH OCCURRENCE \$ 2,000,000.00
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ 2,000,000.00 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Excess Accident Medical			SRPO-30000-4000-0797	1/1/2020	1/1/2021	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 CG2026 07/04.
 Coverage Applies to Activities: Youth Baseball, T-Ball, Softball League.
 Coverage Excludes: Tournament Hosting, Camps/Clinics.
 Abuse or Molestation Coverage - Each Incident Limit \$1,000,000 , Aggregate Limit \$2,000,000.
 Coverage for Sports Equipment - Policy # 171M1077-50719 \$20,000.00 limit with a \$500.00 deductible.

CERTIFICATE HOLDER 5439-50719-232445 Northville Public Schools 405 West Main Street Northville, MI 48167	CANCELLATION 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 
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