

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 02/22/2024

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					
Chappell Insurance	CONTACT NAME: Daryl Chappell				
4335 Cox Rd Ste 4335 Glen Allen, VA, 23060	PHONE 804-733-2020 FAX 804-591-10 (A/C, No. Ext): (A/C, No.):	603			
C. C	E-MAIL support@chappellinsurance.com				
INSURED	INSURER(S) AFFORDING COVERAGE	NAIC#			
Lakewood Junior Baseball Association	INSURER A: SiriusPoint America Insurance Company 3	88776			
PO Box 151127	INSURER B: Axis Insurance Company 3	37273			
Lakewood, CO 80215	INSURER C:				
(2)Teams in Lakewood Junior Baseball Association group	INSURER D:				
(INSURER E:				
	INSURER F:				
COVERAGES CERTIFICATE NUMBER:	NS-BB-11-002717 REVISION NUMBER:				
THIS IS TO CEPTIEV THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE	REEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY P	EDIOD			

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		ADDLS INSD \		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
Α	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$2,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
					0.4/0.4/0.004		MED EXP (Any one person)	\$
				PLH01GL00000691	* * = *	01/01/2025	PERSONAL & ADV INJURY	\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				12:01 AM	12:01 AM	GENERAL AGGREGATE	\$ 5,000,000
	X POLICY PROJECT LOC					PRODUCTS-COMP/OP AGG	\$2,000,000	
	OTHER:						Participant Legal Liability	\$1,000,000
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE DED RETENTION						AGGREGATE	\$
В	PARTICIPANT ACCIDENT			SRP185328-00	01/01/2024	01/01/2025	EXCESS MEDICAL	\$100,000
	TANALISM COLO. PROPERTY				12:01 AM	12:01 AM	DEDUCTIBLE	\$ 500

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Coverage includes amateur play and practice in the insured sport for Lakewood Junior Baseball Association. Team or league listed below is a named insured under the above referenced policy. Sport Insured: Baseball. Age Group: 13-15.

Coverage Effective From 06:28 PM on 02/22/2024 TO 01/01/2025

CERTIFICATE HOLDER	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.
	AUTHORIZEDREPRESENTATIVE
	Jorgo Chappell
Certificate Number: NS-BB-11-002717	

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ACORD 25 (2016/03)

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Notice to Texas Insureds: The insurer for the purchasing group may not be covered by an insurance insolvency guarantee fund or similar mechanism and the insurer of the group is not subject to all the insurance laws and regulations of this state.