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).

PRODUCER

Chappell Insurance
4335 Cox Rd Ste 4335
Glen Allen, VA, 23060

CONTACT NAME: **Daryl Chappell**
PHONE (A/C, No. Ext): **804-733-2020** FAX (A/C, No): **804-591-1603**
E-MAIL ADDRESS: **support@chappellinsurance.com**

INSURED

Lakewood Junior Baseball Association
PO Box 151127
Lakewood, CO 80215

(2)Teams in Lakewood Junior Baseball Association group

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	SiriusPoint America Insurance Company	**38776**
INSURER B:	Axis Insurance Company	**37273**
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES CERTIFICATE NUMBER: **NS-BB-11-002717** 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	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PROJECT LOC OTHER:	X		**PLH01GL00000691**	01/01/2024 12:01 AM	01/01/2025 12:01 AM	EACH OCCURRENCE	$ **2,000,000**
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ **1,000,000**
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$ **1,000,000**
							GENERAL AGGREGATE	$ **5,000,000**
							PRODUCTS-COMP/OP AGG	$ **2,000,000**
							Participant Legal Liability	$ **1,000,000**
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION						EACH OCCURRENCE	$
							AGGREGATE	$
								$
B	PARTICIPANT ACCIDENT			**SRP185328-00**	01/01/2024 12:01 AM	01/01/2025 12:01 AM	EXCESS MEDICAL	$ **100,000**
							DEDUCTIBLE	$

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 NS-BB-11-002717. The certificate holder is named as an additional insured but only with respect to the operations of the named insured. Sport Insured: Baseball. Age Group: 13-15.

Coverage Effective From 06:45 PM on 02/22/2024 TO 01/01/2025

CERTIFICATE HOLDER

City of Lakewood
480 S Allison Pkwy
Lakewood, CO 80226

Certificate Number: NS-BB-11-002717

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

Daryl Chappell

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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.