



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			
INSURED Lakewood Junior Baseball Association PO Box 151127 Lakewood, CO 80215			PHONE (A/C, No. Ext): 804-733-2020		FAX (A/C, No): 804-591-1603		
(10)Teams in Lakewood Junior Baseball Association group				E-MAIL ADDRESS: support@chappellinsurance.com			
				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:			

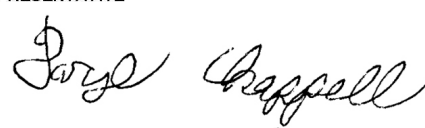
COVERAGES	CERTIFICATE NUMBER: NS-BB-10-002716	REVISION NUMBER:
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THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION 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	X		PLH01GL00000691	01/01/2024 12:01 AM	01/01/2025 12:01 AM	EACH OCCURRENCE	\$ 2,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000	
							MED EXP (Any one person)	\$	
							PERSONAL & ADV INJURY	\$ 1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 5,000,000	
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS-COMP/OP AGG	\$ 2,000,000	
	OTHER:						Participant Legal Liability	\$ 1,000,000	
							EACH OCCURRENCE	\$	
							AGGREGATE	\$	
B	UMBRELLA LIAB			SRP185328-00	01/01/2024 12:01 AM	01/01/2025 12:01 AM	EXCESS MEDICAL	\$ 100,000	
	EXCESS LIAB						CLAIMS-MADE	\$	
	DED						RETENTION	\$	
	PARTICIPANT ACCIDENT						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-10-002716. 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: 12 & Under.

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

CERTIFICATE HOLDER CABA 6657 W Ottawa Ave. Suite B-4 Littleton, CO 80128 Certificate Number: NS-BB-10-002716	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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