

## 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		CONTACT NAME:	Daryl Chappell		
4335 Cox Rd Ste 4335 Glen Allen, VA, 23060		PHONE (A/C, No. Ext):	804-733-2020	FAX 804-5 (A/C, No):	91-1603
		E-MAIL ADDRESS:			
INSURED			INSURER(S) AFFORDING CO	/ERAGE	NAIC#
Lakewood Junior Baseball Association PO Box 151127		INSURER A:	38776		
		INSURER B:	37273		
Lakewood, CO 80215		INSURER C:		·	
(2)Teams in Lakewood Junior Baseball Associa	sociation group	INSURER D:	•	•	
(-)	2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2	INSURER E:			
		INSURER F:			
COVERAGES	CERTIFICATE NUMBER:	NS-BB-1	1-002717	REVISION NUMBE	R:

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

TYPE OF INSURANCE
INSD WYD
POLICY FFF
(MM//DD/YYYY)
(MM//DD/YYYY)

LIMITS

LACTOMMERCIAL GENERAL LIABILITY

FACH OCCURRENCE
S 2 000 000

LTR		TYPE OF INSURANCE		WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	
A	Х	COMMERCIAL GENERAL LIABILITY			PLH01GL00000691	01/01/2024	01/01/2025 12:01 AM	EACH OCCURRENCE	\$2,000,000
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
			v					MED EXP (Any one person)	\$
			X					PERSONAL & ADV INJURY	\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					12:01 AM	12.01 AW	GENERAL AGGREGATE	\$ 5,000,000
	Х	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						AGGREGATE	\$
		DED RETENTION							\$
В	PARTICIPANT ACCIDENT			SRP185328-00	01/01/2024	01/01/2025	EXCESS MEDICAL	\$ 100,000	
	0510501					12:01 AM	12:01 AM	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	CANCELLATION
UACS LLC USSSA 2525 South Zang Street Lakewood, CO 80228	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Lakewood, GO 00220	AUTHORIZED REPRESENTATIVE
	Jorge Agasson
Certificate Number: NS-BB-11-002717	o aggree

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ACORD 25 (2016/03)

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