



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 (10)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:	

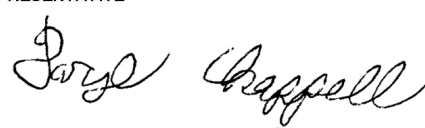
COVERAGES CERTIFICATE NUMBER: **NS-BB-10-002716** REVISION NUMBER:

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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			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	
	GEN'L AGGREGATE LIMIT APPLIES PER:							MED EXP (Any one person)	\$
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY	\$ 1,000,000	
	OTHER:						GENERAL AGGREGATE	\$ 5,000,000	
								PRODUCTS-COMP/OP AGG	\$ 2,000,000
								Participant Legal Liability	\$ 1,000,000
								EACH OCCURRENCE	\$
<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR						AGGREGATE	\$		
<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE							\$		
<input type="checkbox"/> DED <input type="checkbox"/> RETENTION							\$		
B	PARTICIPANT ACCIDENT			SRP185328-00	01/01/2024 12:01 AM	01/01/2025 12:01 AM	EXCESS MEDICAL	\$ 100,000	
							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: 12 & Under.

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

CERTIFICATE HOLDER 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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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.