



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
02/28/2025

**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).**

<b>PRODUCER</b>  <b>Chappell Insurance</b> <b>4335 Cox Rd, Ste 4335</b> <b>Glen Allen, VA, 23060</b>	<b>CONTACT NAME:</b> Daryl Chappell		
	<b>PHONE (A/C, No. Ext):</b> 804-733-2020	<b>FAX (A/C, No):</b> 804-591-1603	
	<b>E-MAIL ADDRESS:</b> daryl@chappellinsurance.com		
<b>INSURED</b>  <b>Lakewood Junior Baseball Association</b> <b>PO Box 151127</b> <b>Lakewood, CO 80215</b>  <b>(3)Teams in Lakewood Junior Baseball Association group</b>	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A:</b> SiriusPoint America Insurance Company		<b>38776</b>
	<b>INSURER B:</b> Axis Insurance Company		<b>37273</b>
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		

COVERAGES      CERTIFICATE NUMBER: **NS-BB-11S-003315**      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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  <input checked="" type="checkbox"/> <b>SAM - \$1 million/\$2 million</b> <input checked="" type="checkbox"/> <b>See addendum</b>	X		PLH02GL00000693	01/01/2025 12:01 AM	01/01/2026 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	\$
B	PARTICIPANT ACCIDENT			SRPO187022-00	01/01/2025 12:01 AM	01/01/2026 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-11S-003315. The certificate holder is named as an additional insured but only with respect to the operations of the named insured.

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Sport Insured: Baseball. Age Group: 13-15.

**Coverage Effective From 08:39 PM on 02/28/2025 TO 01/01/2026**

### CERTIFICATE HOLDER

### CANCELLATION

City of Lakewood  
480 S Allison Pkwy  
Lakewood, CO 80226

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

Certificate Number: NS-BB-11S-003315



## ADDITIONAL REMARKS SCHEDULE

AGENCY Chappell Insurance Agency, Inc.		NAMED INSURED Lakewood Junior Baseball Association PO Box 151127 Lakewood, CO 80215	
POLICY NUMBER GL PLH02GL00000693			
CARRIER SEE ACORD 25	NAIC CODE	EFFECTIVE DATE: SEE ACORD 25	

### ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: ACORD 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE**

Certificate Number: NS-BB-11S-003315

SEXUAL ABUSE/MOLESTATION  
\$1,000,000 PER OCCURRENCE  
\$2,000,000 AGGREGATE

WITH RESPECTS TO SEXUAL ABUSE/MOLESTATION COVERAGE PROVIDED UNDER THIS POLICY, IT IS AGREED THAT NO COVERAGE APPLIES TO MEMBER TEAMS, LEAGUES, DIRECTORS, OR AFFILIATES THAT DO NOT MEET THE FOLLOWING CRITERIA:

1. SYSTEM IN PLACE TO PERFORM AND RUNNING CRIMINAL BACKGROUND CHECKS ON PAID STAFF AND VOLUNTEERS
2. HAVE WRITTEN PROCEDURES THAT INCLUDE SEXUAL ABUSE AND MOLESTATION PREVENTION
3. HAVE WRITTEN PROCEDURES THAT INCLUDE A RESPONSE PLAN FOR ALLEGATIONS OF SEXUAL ABUSE AND MOLESTATION. THE PLAN MUST SPECIFY THAT LAW ENFORCEMENT IS TO BE CONTACTED IN THE EVENT OF AN ALLEGATION

**Sexual Abuse Molestation coverage effective from 08:39 PM on 02/28/2025 TO 01/01/2026**

Date Issued: 02/28/2025