					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).						
PRODUCER		CONTACT	CONTACT			
Chappell Insurance		NAME:	NAME: Daryl Chappell			
4335 Cox Rd, Ste 4335 Glen Allen, VA, 23060			PHONE 804-733-2020 FAX 804-591-1603 (A/C, No. Ext): (A/C, No):			
			E-MAIL ADDRESS: daryl@chappellinsurance.com			
INSURED			INSURER(S) AFFORDING COVERAGE NAIC #			
Lakewood Junior Baseball Association			INSURER A: SiriusPoint America Insurance Company 38776			
PO Box 151127			INSURER B: Axis Insurance Company 37273			
Lakewood, CO 80215			INSURER C:			
(10)Teams in Lakewood Junior Baseball Association group						
(10) reallis in Eakewood ballior Baseball Ass	ociation group		INSURER E:			
		INSURER F				
COVERAGES	CERTIFICATE NUMBER:	_	8-10S-003314			
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 ADDL LTR TYPE OF INSURANCE INSD	SUBR WVD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
X COMMERCIAL GENERAL LIABILITY		(<u></u>	EACHOCCURRENCE	\$2,000,000	
CLAIMS-MADE X OCCUR X SAM - \$1 million/\$2 million				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000	
A X See addendum				MED EXP (Any one person)	\$	
	PLH02GL00000693	01/01/2025	01/01/2026	PERSONAL & ADV INJURY	\$1,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:		12:01 AM	12:01 AM	GENERALAGGREGATE	\$ 5,000,000	
				PRODUCTS-COMP/OP AGG	\$2,000,000	
X OTHER:				Participant Legal Liability	\$1,000,000	
UMBRELLA LIAB OCCUR				EACHOCCURRENCE	\$	
EXCESS LIAB CLAIMS-MADE				AGGREGATE	\$ \$	
DED RETENTION		04/04/0005	04/04/0000			
B PARTICIPANT ACCIDENT	SRPO187022-00	01/01/2025 12:01 AM	01/01/2026 12:01 AM	EXCESS MEDICAL DEDUCTIBLE	\$ 100,000 \$	
	D 101 Additional Remarks Sche	dula may ba atta	ched if more spac	PROFILE PERSON ALL'ALLE	•	
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-10S-003314. The certificate holder is named as an additional insured but only with respect to the operations of the named insured. Page 1 of 2 Sport Insured: Baseball. Age Group: 12 & Under.						
Coverage Effective From 08:39 PM on 02/28/2025 TO 01/01/2026						
CERTIFICATE HOLDER CANCELLATION						
CABA Colorado PO Box 280653			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, CO 80228			AUTHORIZED REPRESENTATIVE			
			Darge Bappell			
Certificate Number: NS-BB-10S-003314						
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ACORD 25 (2016/03) The ACORD name and logo are registered marks of ACORD 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. AGENCY CUSTOMER ID: ______ LOC # _____

ACORD _{IM} ADDITIONAL REMARKS SCHEDULE Page 2 of 2							
AGENCY Chappell Insurance Agency, Inc. POLICY NUMBER GL PLH02GL00000693		NAMED INSURED Lakewood Junior Baseball Association PO Box 151127 Lakewood, CO 80215					
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-10S-003314 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							