ACORD		CER	TI	FIC	ATE OF L	IABILIT	ABILITY INSURANCE			E (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).											
	DUC										
		ell Insurance				NAME:	CONTACT NAME: Daryl Chappell				
4335 Cox Rd, Ste 4335						PHONE	PHONE 804-733-2020 FAX 804-591-1603 (A/C, No. Ext): (A/C, No):				
Glen Allen, VA, 23060						E-MAIL	E-MAIL darul@channellingurance.com				
INSURED							ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC #				
Lakewood Junior Baseball Association							INSURER A: SiriusPoint America Insurance Company				
PO Box 151127							INSURER B: Axis Insurance Company				
Lakewood, CO 80215						INSURER C	INSURER C:				
						INSURER D	INSURER D:				
(3)Teams in Lakewood Junior Baseball Association group						INSURER E	INSURER E:				
						INSURER F					
		AGES			TIFICATE NUMBER:		8-11S-003315		ON 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		TYPE OF INSURANCE		SUBR WVD	POLICYNUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	L.	IMITS		
LIN	v	COMMERCIAL GENERAL LIABILITY	1130	VV VD	FOLICT NOMBER			EACHOCCURRENCE		00,000	
	×	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)		00,000	
A	x	See addendum						MED EXP (Any one person)	\$		
					PLH02GL00000693		01/01/2026	PERSONAL & ADV INJURY	\$ 1,00	0,000	
	GE	I EN'L AGGREGATE LIMIT APPLIES PER:				12:01 AM	12:01 AM	GENERAL AGGREGATE		00,000	
								PRODUCTS-COMP/OP AGG	· · ·	0,000	
	х	OTHER:						Participant Legal Liability	\$1,00	0,000	
		UMBRELLA LIAB OCCUR						EACHOCCURRENCE	\$		
		EXCESS LIAB CLAIMS-MADE	5					AGGREGATE	\$		
					SRPO187022-00	01/01/2025	01/01/2026	EXCESS MEDICAL	\$ 100	000	
в		PARTICIPANT ACCIDENT			•••• •••••	12:01 AM	12:01 AM	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.											
Page 1 of 2											
Spo	ort Ir	nsured: Baseball. Age Group: 13-15	•								
Coverage Effective From 08:39 PM on 02/28/2025 TO 01/01/2026											
CF	RTI	FICATE HOLDER				CANCEL	CANCELLATION				
							SAUGELANON				
						BEFORE	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
						AUTHORIZ	AUTHORIZED REPRESENTATIVE				
							Darge Chappell				
Ce	Certificate Number: NS-BB-11S-003315										
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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: ______

ACORDADDITIONAL REMARKS SCHEDULEPage 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-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									