| Ą   | CERTIFICATE O                                       |   | ATE OF L         | IABILIT     | DATE(MM/DD/YYYY<br>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.<br>If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on<br>this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).   |   |   |                  |             |                                      |  |  |  |                  |  |  |
| PR  | ODUC  | DER   |                  |             |                                      | CONTACT                                | CONTACT  |  |                  |  |  |
| Chappell Insurance  |   |   |                  |             |                                      |  | NAME: Daryl Chappell   |  |                  |  |  |
| 4335 Cox Rd, Ste 4335<br>Glen Allen, VA, 23060  |   |   |                  |             |                                      |  | PHONE 804-733-2020 FAX 804-591-1603<br>(A/C, No. Ext): (A/C, No):  |  |                  |  |  |
|   |   |   |                  |             |                                      |  | E-MAIL<br>ADDRESS: daryl@chappellinsurance.com   |  |                  |  |  |
| IN  | ISUR  | ED  |                  |             |                                      |  | INSURER(S) AFFORDING COVERAGE NAIC #   |  |                  |  |  |
| Lakewood Junior Baseball Association  |   |   |                  |             |                                      |  | INSURER A: SiriusPoint America Insurance Company 38776   |  |                  |  |  |
|   |   | x 151127<br>ood, CO 80215   |                  |             |                                      |  | INSURER B: Axis Insurance Company 37273  |  |                  |  |  |
|   |   |   |                  |             |                                      | INSURER D                              | INSURER C:   |  |                  |  |  |
| (10)  | )Tea  | ams in Lakewood Junior Baseball   | Ass              | ocia        | tion group                           | 10000000000000000000000000000000000000 | INSURER D:   |  |                  |  |  |
|   |   |   |                  |             | -                                    |  | INSURER F:   |  |                  |  |  |
| СО  | VER/  | AGES  |                  | CER         | TIFICATE NUMBER:                     | NS-BE                                  | NS-BB-10S-003314 REVISION NUMBER:  |  |                  |  |  |
|   |   |   |                  |             |                                      |  |  |  |                  |  |  |
| CE<br>EX  | RTIF  | TED. NOTWITHSTANDING ANY REQUIRE<br>ICATE MAY BE ISSUED OR MAY PERTAI<br>SIONS AND CONDITIONS OF SUCH POLICIE | N, TH<br>ES. LII | IE INS      | SURANCE AFFORDED<br>SHOWN MAY HAVE B | D BY THE POL                           | ICIES DESCRI<br>BY PAID CLAI   | BED HEREIN IS SUBJECT TO AL                  |                  |  |  |
|   |   | TYPE OF INSURANCE   |                  | SUBR<br>WVD |                                      | POLICY EFF<br>(MM/DD/YYYY)             | POLICY EXP<br>(MM/DD/YYYY)   | LIMITS                                       |                  |  |  |
|   | х   | COMMERCIAL GENERAL LIABILITY  |                  |             |                                      |  |  | EACHOCCURRENCE                               | \$2,000,000      |  |  |
|   | x   | CLAIMS-MADE X OCCUR SAM - \$1 million/\$2 million   |                  |             |                                      |  |  | DAMAGE TO RENTED<br>PREMISES (Ea occurrence) | \$ 1,000,000     |  |  |
| Α   | Х   | See addendum  |                  |             |                                      | 01/01/2025                             | 01/01/2026   | MED EXP (Any one person)                     | \$               |  |  |
|   |   |   | х                |             | PLH02GL00000693                      | 01/01/2025<br>12:01 AM                 | 01/01/2026<br>12:01 AM   | PERSONAL & ADV INJURY                        | \$1,000,000      |  |  |
|   | GE  |   |                  |             |                                      | 12.017.00                              | 12.01710   | GENERAL AGGREGATE                            | \$ 5,000,000     |  |  |
|   |   | POLICY PROJECT LOC  |                  |             |                                      |  |  | PRODUCTS-COMP/OP AGG                         | \$2,000,000      |  |  |
|   | х   | OTHER:  |                  |             |                                      |  |  | Participant Legal Liability                  | \$1,000,000      |  |  |
|   |   | UMBRELLA LIAB         OCCUR           EXCESS LIAB         CLAIMS-MADE   |                  |             |                                      |  |  | EACH OCCURRENCE<br>AGGREGATE                 | \$<br>\$         |  |  |
|   |   | DED RETENTION   |                  |             |                                      |  |  |  | \$               |  |  |
| в   |   | PARTICIPANT ACCIDENT  |                  |             | SRPO187022-00                        | 01/01/2025<br>12:01 AM                 | 01/01/2026<br>12:01 AM   | EXCESS MEDICAL<br>DEDUCTIBLE                 | \$ 100,000<br>\$ |  |  |
| DEG   |   |   | ACOP             | D 101       | Additional Pamarka Saba              | dulo may bo atta                       | shad if more space   | 10030 SAR NE2990 8 20 K 3                    | φ                |  |  |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)<br>Coverage includes amateur play and practice in the insured sport for Lakewood Junior Baseball Association NS-BB-10S-003314. The<br>certificate holder is named as an additional insured but only with respect to the operations of the named insured.<br>Page 1 of 2<br>Sport Insured: Baseball. Age Group: 12 & Under. |   |   |                  |             |                                      |  |  |  |                  |  |  |
| Coverage Effective From 08:39 PM on 02/28/2025 TO 01/01/2026 CERTIFICATE HOLDER CANCELLATION  |   |   |                  |             |                                      |  |  |  |                  |  |  |
|   |   | e entenne envelope. Hoe anticipe voint e  |                  |             |                                      |  |  |  |                  |  |  |
| 252   | 25 S  | LLC USSSA<br>Zang St  |                  |             |                                      | BEFORE                                 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED<br>BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED<br>IN ACCORDANCE WITH THE POLICY PROVISIONS. |  |                  |  |  |
| Lal   | kew   | ood, CO 80228   |                  |             |                                      | AUTHORIZ                               | AUTHORIZED REPRESENTATIVE  |  |                  |  |  |
| Ce  | Certificate Number: NS-BB-10S-003314                |   |                  |             |                                      |  | Jorgo Chappell   |  |                  |  |  |
|   |   |   |                  |             |                                      |  |  |  |                  |  |  |
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| ACORDADDITIONAL REMARKS SCHEDULEPage $2$ of $2$  |           |  |  |  |  |  |  |  |  |  |  |
|--|-----------|--|--|--|--|--|--|--|--|--|--|
| AGENCY<br>Chappell Insurance Agency, Inc.<br>POLICY NUMBER<br>GL PLH02GL00000693   |           | NAMED INSURED<br>Lakewood Junior Baseball Association<br>PO Box 151127<br>Lakewood, CO 80215 |  |  |  |  |  |  |  |  |  |
| CARRIER<br>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<br>SEXUAL ABUSE/MOLESTATION<br>\$1,000,000 PER OCCURRENCE<br>\$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:<br>1. SYSTEM IN PLACE TO PERFORM AND RUNNING CRIMINAL BACKGROUND CHECKS ON PAID STAFF AND VOLUNTEERS<br>2. HAVE WRITTEN PROCEDURES THAT INCLUDE SEXUAL ABUSE AND MOLESTATION PREVENTION<br>3. HAVE WRITTEN PROCEDURES THAT INCLUDE A RESPONSE PLAN FOR ALLEGATIONS OF SEXUAL ABUSE AND<br>MOLESTATION. THE PLAN MUST SPECIFY THAT LAW ENFORCEMENT IS TO BE CONTACTED IN THE EVENT OF AN<br>ALLEGATION |           |  |  |  |  |  |  |  |  |  |  |
| Sexual Abuse Molestation coverage effective from 08:39 PM on 02/28/2025 TO 01/01/2026  |           |  |  |  |  |  |  |  |  |  |  |
| Date Issued: 02/28/2025  |           |  |  |  |  |  |  |  |  |  |  |
|  |           |  |  |  |  |  |  |  |  |  |  |