

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).

PRODUCER			_	_	
Chappell Insurance		CONTACT NAME:	Daryl Chappell		
4335 Cox Rd, Ste 4335 Glen Allen, VA, 23060		PHONE (A/C, No. Ext):	804-733-2020	FAX 804-591-1603 (A/C, No):	
Citi Alicii, FA, 2000		E-MAIL ADDRESS: daryl@chappellinsurance.com			
INSURED			INSURER(S) AFFORDING CO	/ERAGE	NAIC#
Lakewood Junior Baseball Association PO Box 151127 Lakewood, CO 80215		INSURER A: SiriusPoint America Insurance Company			38776
		INSURER B: Axis Insurance Company			37273
		INSURER C:			
(3)Teams in Lakewood Junior Baseball Association group		INSURER D:			
		INSURER E:			
		INSURER F:			
COVERAGES CERTIFICATE	E NUMBER:	NS-BB-1	1S-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		ADDLS INSD \			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$2,000,000	
	X SAM - \$1 million/\$2 million						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000	
Α	X See addendum	.,		DI 110001 0000000	04/04/0005	04/04/0000	MED EXP (Any one person)	\$	
		^	X PLH02GL00000693		PLH02GL00000693	PLH02GL00000693	12:01 AM	PERSONAL & ADV INJURY	\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				12:01 AM	12.01 AW	GENERAL AGGREGATE	\$ 5,000,000	
	POLICY PROJECT LOC						PRODUCTS-COMP/OP AGG	\$2,000,000	
	X OTHER:						Participant Legal Liability	\$1,000,000	
	UMBRELLA LIAB OCCUR						EACHOCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE DED RETENTION						AGGREGATE	\$	
В	DADTICIDANT ACCIDENT			SRPO187022-00	01/01/2025	01/01/2026	EXCESS MEDICAL	\$ 100,000	
	PARTICIPANT ACCIDENT				12:01 AM	12:01 AM	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
CABA Colorado PO Box 280653 Lakewood, CO 80228	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 00220	AUTHORIZED REPRESENTATIVE
	Joya Charcoll
Certificate Number: NS-BB-11S-003315	- office

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AGENCY CUSTOMER ID:	
LOC #	

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ADDITIONAL REMARKS SCHEDULE

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AGENCY Chappell Insurance Agency, Inc. POLICY NUMBER GL PLH02GL00000693		NAMED INSURED Lakewood Junior Baseball Association		
		PO Box 151127 Lakewood, CO 80215		
CARRIER NAI SEE ACORD 25	IC CODE	EFFECTIVE DATE: SEE ACORD 25		
ADDITIONAL REMARKS				
THIS ADDITIONAL DEMARKS FORM IS A SCHEDULE TO AC	COBD FOR	NA		

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