

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/27/2024

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).

holo	ler ir	lieu of such endorsement(s).											
PRO	DIIC	ED.				CONTACT Kandace Kalin							
O2 Sports Insurance							PHONE 4 055 054 0000 FAX					4.055.004.0070	
110 E Broward Blvd, Suite 1700						(A/C, No, Ext): 1-055-351-0202 (A/C, No): 1-055					-984-2379		
Fort Lauderdale, FL 33301							ADDRESS: info@o2sportsinsurance.com						
							INSURER(S) AFFORDING COVERAGE NAIC						
							INSURER A: Certain Underwriters at Lloyd's of London					AA-1120157	
INSURED William S. Hart Baseball & Softball League, Inc.							INSURER B: QBE Insurance Corporation 39217						
23780 Auto Center Court							INSURER C:						
Santa Clarita, CA 91355							RD:						
							INSURER E :						
A Member of O2 Program Management Inc., Athletic Association							INSURER F:						
COVERAGES CERTIFICATE NUMBER:						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		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	3		
	X	COMMERCIAL GENERAL LIABILITY							EACH OCCURREN	CE		\$1,000,000	
		CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREM Occurrence)	ISES (Ea		\$300,000	
				22B06410-1794			01/01/2025	01/01/2026 12:00 AM	MED EXP (Any one Person)				
Α							12:00 AM		PERSONAL & ADV INJURY			\$1,000,000	
	GE	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE			\$3,000,000	
		POLICY PRO- JECT LOC							PRODUCTS-COMP/OP AGG			\$1,000,000	
		OTHER:							PARTICIPANT LEGAL LIAB.			\$1,000,000	
	AUTOMOBILE LIABILITY								COMBINED SINGLI (Ea accident)	E LIMIT		\$1,000,000	
А		ANY AUTO					<i>.</i> . <i>.</i>		BODILY INJURY (P	er person)		, , , , , , , , , , , , , , , , , , , ,	
		OWNED SCHEDULED	Y		22B06410-1794		01/01/2025 12:00 AM	01/01/2026 12:00 AM	BODILY INJURY (P	er accident)			
	X	AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY							PROPERTY DAMA	GE			
	X	AUTOS ONLY AUTOS ONLY EXCLUDING HAWAII							(Per accident)				
	<u> </u>	UMBRELLA LIAB OCCUR							EACH OCCURREN	CE			
									AGGREGATE				
		DED RETENTION\$							AGGREGATE				
		RKERS COMPENSATION							PER STATUTE	OTH- ER			
		PROPRIETOR/PARTNER/EXECUTIVE Y/N							E.L. EACH ACCIDE				
OFFIC		ICER/MEMBER EXCLUDED?	N/A										
	If ve	s, describe under							E.L. DISEASE - EA				
		cess Accident Medical	TON OF OPERATIONS below Accident Medical		JAH000633			E.L. DISEASE - POLICY LIMIT Benefit Maximum			\$100,000		
			JAHOOO		JAHUUU033		12:00 AM	12:00 AM	Deductible Per Claim			, ,	
В			Υ						Deductible Fel	Ciaiiii		\$250	
DES	CBID.	TION OF OPERATIONS / LOCATIONS / VEHICL	FS (/	CORD	101 Additional Remarks Schedu	le may h	e attached if more	e snace is require	2d)				
		tificate holder is added as an addition	•						•	the name	d insur	ed.	
Leg	jal L	iability to Participants (LLP) limit as a	a per	occu	irrence limit. Claims by athl	etic pa	rticipants are	included.					
Sn	ort/c): Baseball (League and/or Club) So	ofthal	I /I 🗚	ague and/or Club)								
Sport(s): Baseball (League and/or Club), Softball (League and/or Club) Sexual Abuse or Sexual Molestation Liability - \$1,000,000 each incident (included above) / \$1,000,000 aggregate (included above).													
The state of the s													
CERTIFICATE HOLDER							CANCELLATION						
Castaic Union School District							SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN						
28131 Livingston Avenue Valencia, CA 91355													
valonola, OA 31000							ACCORDANCE WITH THE POLICY PROVISIONS.						
						AUTHORIZED REPRESENTATIVE							
l			Kandaca Kalin.										

POLICY NUMBER: 22B06410-1794

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - MANAGERS OR LESSORS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Person Or Entity (Additional Insured):

Castaic Union School District 28131 Livingston Avenue Valencia, CA 91355

Name of Insured: William S. Hart Baseball & Softball League, Inc.

- A. Section II Who Is An Insured is amended to include as an additional insured the person or entity shown in the Schedule, but only with respect to liability arising in that part of the designated premises leased, licensed, or otherwise available to you and subject to the following additional exclusions:
 - This insurance does not apply to any loss, claim, "suit", cost, expense or liability for damages directly or indirectly based on, attributable to, arising out of, involving, resulting from, or in any way related to:
 - **a.** Any "occurrence" which takes place prior to your occupancy or after you cease to be a tenant in that premises or;
 - b. Structural conditions, alterations, construction, demolition, maintenance or other operations performed by or on behalf of the person or entity shown in the Schedule.
 - 2. Coverage (including defense) is provided only to the extent that liability is created for an additional insured by the negligent acts, errors, or omissions of the Named Insured. If liability for injury or damage is imposed or sought to be imposed on any additional Insured because of the acts, errors, or omissions of any additional insured or any person or entity under the direction or control

of any additional insured, this insurance does not apply.

Coverage for an additional insured under this endorsement shall be excess. Any other insurance the additional insured has shall be primary with respect to this insurance.

Except as provided herein, all other terms, conditions, provisions, exclusions, and endorsements of this policy remain the same and applicable.

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