

## 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).

						СТ					
PRODUCER O2 Sports Insurance					CONTACT NAME:  Kandace Kalin PHONE  A 055 054 0000 FAX  A 055 004 0070						
110 E Broward Blvd, Suite 1700					(A/C, No, Ext): 1-855-351-0202 (A/C, No): 1-855-984-2379						
Fort La	auderdale, FL 33301				E-MAIL ADDRESS: info@o2sportsinsurance.com						
					INSURER(S) AFFORDING COVERAGE NAIC #					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					INSURER D:						
A Member of O2 Program Management Inc., Athletic Association					INSURER E :						
ŭ ŭ					INSURER F:						
COVERAGES CERTIFICATE NUMBER:  THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE						REVISION NUMBER:  VE 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			
$\times$	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE		\$1,000,000	
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea Occurrence)		\$300,000		
						01/01/2025	01/01/2026	MED EXP (Any one Person)			
Α				22B06410-1794		12:00 AM	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	PRO- JECT LOC						PRODUCTS-COMP/OP AGG		\$1,000,000	
	OTHER:							PARTICIPANT LEGAL LIAB.		\$1,000,000	
AU	TOMOBILE LIABILITY						01/01/2026	COMBINED SINGLE LIMIT (Ea accident)		\$1,000,000	
	ANY AUTO OWNED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY					01/01/2025		BODILY INJURY (Per person)			
A				22B06410-1794		12:00 AM	12:00 AM	BODILY INJURY (Per accident)			
	HIRED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)			
X	EXCLUDING HAWAII										
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE			
<u> </u>	EXCESS LIAB CLAIMS-MADE							AGGREGATE			
	DED   RETENTION \$ RKERS COMPENSATION							PER OTH-			
AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE								E.L. EACH ACCIDENT			
OFFICER/MEMBER EXCLUDED?   N / (Mandatory in NH)								E.L. DISEASE - EA EMPLOYEE			
If ye	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT			
Ex	cess Accident Medical			JAH000633		01/01/2025 12:00 AM	01/01/2026	Benefit Maximum		\$100,000	
В	В						12:00 AM	Deductible Per Claim		\$250	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Legal Liability to Participants (LLP) limit as a per occurrence limit. Claims by athletic participants are included.											
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).											
	Total										
CERTIFICATE HOLDER					CANCELLATION						
Evidence of Coverage											
					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
					AUTHORIZED REPRESENTATIVE						
					Kandace Kalin						
1				/ Junual Julin							