CERTIFICATE OF		DATE (MM/DD/YY) 12/07/19					
PRODUCER Keystone Risk Managers, LLC	CERTIFICATE #	2080208-2020-1	2 08 02				
1995 Point Township Drive Northumberland, PA 17867	INSURERS AF	FORDING COVERAGE:	RDING COVERAGE:				
ADDITIONAL NAMED INSURED: NAAMANS LL MICHAEL DONOVAN 616 BERWICK RD Wilmington, DE 19803	INSURER A: INSURER B: (Non-Liability) INSURER C:	Lexington Insurance Com National Union Fire Insura Pittsburgh, PA AIG Specialty Insurance C	ance Company of				

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L NAMED INSRD		TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS			
		GENERAL LIABILITY				EACH OCCURRENCE	\$3,000,000			
С	Χ	X	OCCURRENCE	011405741	01/01/2020	01/01/2021	GENERAL AGGREGATE	\$3,000,000		
		X	INCL PARTICIPANTS	Property Damage	e Deductible: \$250		PRODUCTS/COMP OPS AGGREGATE	\$3,000,000		
		Х	SEXUAL ABUSE				Sexual Abuse OCCURRENCE	\$1,000,000		
		^	SEXUAL ABUSE				Sexual Abuse AGGREGATE	\$1,000,000		
			MEDICAL PAYMENTS				Any One Person			
		DIRECTORS & OFFICERS		018251940	01/01/2020	01/01/2021	EACH LOSS	\$1,000,000		
С	Х			016231940	01/01/2020	01/01/2021	AGGREGATE	\$1,000,000		
С	Х	CY	BER LIABILITY COVERAGE	019502676	01/01/2020	01/01/2021	LIMIT OF LIABILITY CLAIMS MADE	\$100,000 PER LEAGUE AGGREGATE		
	S&P	SEC	CURITY AND PRIVACY LIABILITY INSURANCE	' '	AGUE SUBLIMIT O	F LIABILITY	RETROACTIVE DATE POLICY INCEPTION	CONTINUITY DATE POLICY INCEPTION		
		REG	GULATORY ACTION SUBLIMIT OF LIABILITY		AGUE SUBLIMIT O	F LIABILITY	POLICY INCEPTION POLICY INCEPTION			
	EM	EVI	ENT MANAGEMENT INSURANCE		AGUE SUBLIMIT O	F LIABILITY	NOT APPLICABLE	POLICY INCEPTION		
С	Х	CRIME COVERAGE		011408730	01/01/2020	01/01/2021	EACH LOSS	\$35,000		
				Crime Deductible	e: \$250 Property/\$1	,000 Money	AGGREGATE	NONE		
В	Х	-	PORTS EXCESS ACCIDENT	SRG9105434	01/01/2020	01/01/2021	As in Master Policy: Med. Max. \$100,000 Deductible \$50	As in Master Policy Excess		

"X" INDICATES COVERAGE(S) SELECTED FOR ADDITIONAL NAMED INSURED

ADDITIONAL INSURED

Who is an Insured (SECTION II) of the General Liability policy is amended to include as an insured the person or organization shown in the schedule, but only with respect to liability arising out of the above named Little League's maintenance or use of ball fields, or other premises loaned, donated, or rented to that Little League by such person or organizations and subject to the following additional exclusions:

- 1. Structural alterations, new construction, maintenance, repair or demolition operations performed by or on behalf of the person or organization designated in the Schedule and/or performed by the above named Little League; and
- 2. That part of the ball field or other premises not being used by the above named Little League.

NAME AND ADDRESS OF PERSON OR ORGANIZATION:

All Star Baseball Academy - West Chester
 Brandywine School District
 Catholic Diocese of Wilmington/St Mary Magdalen
 Maplezone Sports Institute
 New Castle County Parks and Recreation
 Saint Edmond's Academy
 Siegel JCC
 Skating Club of Wilmington
 Tatnall School
 Tatnall School

INSURED	CANCELLATION
Little League Baseball Risk Purchasing Group, Incorporated 539 U.S. RT. 15 Highway South Williamsport, PA 17702	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 KEPRESENTATIVE

DISCLAIMER

CERTIFICATE OF		DATE (MM/DD/YY) 12/07/19					
PRODUCER Keystone Risk Managers, LLC	CERTIFICATE #	2080208-2020-1	2 08 02				
1995 Point Township Drive Northumberland, PA 17867	INSURERS AF	FORDING COVERAGE:	RDING COVERAGE:				
ADDITIONAL NAMED INSURED: NAAMANS LL MICHAEL DONOVAN 616 BERWICK RD Wilmington, DE 19803	INSURER A: INSURER B: (Non-Liability) INSURER C:	Lexington Insurance Com National Union Fire Insura Pittsburgh, PA AIG Specialty Insurance C	ance Company of				

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INSR LTR	ADD'L NAMED INSRD		TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
			GENERAL LIABILITY				EACH OCCURRENCE	\$3,000,000
С	Х	X	OCCURRENCE	011405741	01/01/2020	01/01/2021	GENERAL AGGREGATE	\$3,000,000
		X	INCL PARTICIPANTS	Property Damage	e Deductible: \$250		PRODUCTS/COMP OPS AGGREGATE	\$3,000,000
		Х	SEXUAL ABUSE				Sexual Abuse OCCURRENCE	\$1,000,000
		^	SEXUAL ABUSE				Sexual Abuse AGGREGATE	\$1,000,000
			MEDICAL PAYMENTS				Any One Person	
		DIRECTORS & OFFICERS		018251940	01/01/2020	01/01/2021	EACH LOSS	\$1,000,000
С	Х			016231940	01/01/2020	01/01/2021	AGGREGATE	\$1,000,000
С	Х	CY	BER LIABILITY COVERAGE	019502676	01/01/2020	01/01/2021	LIMIT OF LIABILITY CLAIMS MADE	\$100,000 PER LEAGUE AGGREGATE
	S&P	SE	CURITY AND PRIVACY LIABILITY INSURANCE	' '	AGUE SUBLIMIT O	F LIABILITY	RETROACTIVE DATE POLICY INCEPTION	CONTINUITY DATE POLICY INCEPTION
		REC	GULATORY ACTION SUBLIMIT OF LIABILITY		AGUE SUBLIMIT O	F LIABILITY	FOLICY INCEPTION	FOLICY INCEPTION
	EM	EVI	ENT MANAGEMENT INSURANCE		EAGUE SUBLIMIT O	F LIABILITY	NOT APPLICABLE	POLICY INCEPTION
С	Х		CRIME COVERAGE	011408730	01/01/2020	01/01/2021	EACH LOSS	\$35,000
				Crime Deductible	e: \$250 Property/\$1	,000 Money	AGGREGATE	NONE
В	Х		PORTS EXCESS ACCIDENT	SRG9105434	01/01/2020	01/01/2021	As in Master Policy: Med. Max. \$100,000 Deductible \$50	As in Master Policy Excess

"X" INDICATES COVERAGE(S) SELECTED FOR ADDITIONAL NAMED INSURED

ADDITIONAL INSURED

Who is an Insured (SECTION II) of the General Liability policy is amended to include as an insured the person or organization shown in the schedule, but only with respect to liability arising out of the above named Little League's maintenance or use of ball fields, or other premises loaned, donated, or rented to that Little League by such person or organizations and subject to the following additional exclusions:

- 1. Structural alterations, new construction, maintenance, repair or demolition operations performed by or on behalf of the person or organization designated in the Schedule and/or performed by the above named Little League; and
- 2. That part of the ball field or other premises not being used by the above named Little League.

NAME AND ADDRESS OF PERSON OR ORGANIZATION:

All Star Baseball Academy - West Chester 52 Penn Oaks Dr West Chester, PA 19382

Little League Baseball Risk Purchasing Group, Incorporated 539 U.S. RT. 15 Highway South Williamsport, PA 17702 CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

DISCLAIMER



DATE (MM/DD/YYYY) 12/7/2019

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).

this certificate does not confer rights	o the	certif	ficate holder in lieu of si).				
PRODUCER				CONTA NAME:	David IIV	vin				
Keystone Risk Managers, LLC				PHONE (A/C, No, Ext): (570) 473-2150 FAX (A/C, No): (570) 473-2151						
1995 Point Township Drive				E-MAIL ADDRESS: DIrwin@Keystoneinsgrp.com						
				INSURER(S) AFFORDING COVERAGE NAIC					NAIC#	
Northumberland			PA 17867	INSURE	.к.н. о	on Insurance				19437
INSURED				INSURE	RB: AIG Spe	ecialty Insura	nce Company			26883
Little League Baseball Risk I	Purch	asing	Group, Incorporated	INSURE	R C :					
NAAMANS LL				INSURE	RD:					
616 BERWICK RD				INSURE	RE:					
Wilmington			DE 19803	INSURE	RF:					
			NUMBER:				REVISION NUM			
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RI CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUIR PERT POLIC	REMEN AIN, T CIES. L	IT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN' ED BY	Y CONTRACT THE POLICIES REDUCED BY I	OR OTHER DESCRIBED PAID CLAIMS.	OCUMENT WITH	H RESPE	CT TO	WHICH THIS
INSR LTR TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENT		\$	3,000,000
CLAIMS-MADE X OCCUR							PREMISES (Ea occu		\$	300,000
							MED EXP (Any one	person)	\$	Excluded
В	X		011405741		01/01/2020	01/01/2021	PERSONAL & ADV I	INJURY	\$	3,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	SATE	\$	3,000,000
POLICY PRO- LOC							PRODUCTS - COMP		\$	3,000,000
X OTHER: Per League							SEXUAL ABUSE OC COMBINED SINGLE		\$	1M/\$1M
AUTOMOBILE LIABILITY							(Ea accident)		\$	
ANY AUTO OWNED SCHEDULED							BODILY INJURY (Pe		\$	
AUTOS ONLY AUTOS NON-OWNED							BODILY INJURY (Pe		\$	
AUTOS ONLY AUTOS ONLY							(Per accident)	, , , , , , , , , , , , , , , , , , ,	\$	
									\$	
UMBRELLA LIAB OCCUR							EACH OCCURRENC	CE	\$	
EXCESS LIAB CLAIMS-MADE	-						AGGREGATE		\$	
DED RETENTION \$ WORKERS COMPENSATION							PFR	OTH-	\$	
AND EMPLOYERS' LIABILITY Y / N							PER STATUTE	OTH- ER		
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDE		\$	
(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA E			
DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$	_
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORD -	101. Additional Remarks Schedu	le. mav b	e attached if more	e space is require	ed)			
Certificate Holder is named as Additional II				, ,			,			
CERTIFICATE HOLDER				CANO	CELLATION					
All Star Baseball Academy - West Cheste	r			THE	EXPIRATION	N DATE THE	ESCRIBED POLICE EREOF, NOTICE BY PROVISIONS.			
52 Penn Oaks Dr				l						

West Chester

PA 19382

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

All Star Baseball Academy - West Chester 52 Penn Oaks Dr West Chester, PA 19382

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

- A. Section II Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:
 - In the performance of your ongoing operations; or
 - **2.** In connection with your premises owned by or rented to you.

However:

- The insurance afforded to such additional insured only applies to the extent permitted by law: and
- 2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
- **2.** Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

CERTIFICATE OF	DATE (MM/DD/YY) 12/07/19					
PRODUCER Keystone Risk Managers, LLC	CERTIFICATE #	<i>‡</i> : 2080208-2020-1	2 08 02			
1995 Point Township Drive Northumberland, PA 17867	INSURERS AF	INSURERS AFFORDING COVERAGE:				
ADDITIONAL NAMED INSURED: NAAMANS LL MICHAEL DONOVAN 616 BERWICK RD Wilmington, DE 19803	INSURER A: INSURER B: (Non-Liability) INSURER C:	Lexington Insurance C National Union Fire Ins Pittsburgh, PA AIG Specialty Insurance	urance Company of			

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INSR LTR	ADD'L NAMED INSRD		TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS			
		GENERAL LIABILITY				EACH OCCURRENCE	\$3,000,000			
С	Χ	X	OCCURRENCE	011405741	01/01/2020	01/01/2021	GENERAL AGGREGATE	\$3,000,000		
		X	INCL PARTICIPANTS	Property Damage	e Deductible: \$250		PRODUCTS/COMP OPS AGGREGATE	\$3,000,000		
		Х	SEXUAL ABUSE				Sexual Abuse OCCURRENCE	\$1,000,000		
		^	SEXUAL ABUSE				Sexual Abuse AGGREGATE	\$1,000,000		
			MEDICAL PAYMENTS				Any One Person			
		DIRECTORS & OFFICERS		018251940	01/01/2020	01/01/2021	EACH LOSS	\$1,000,000		
С	Х			016231940	01/01/2020	01/01/2021	AGGREGATE	\$1,000,000		
С	Х	CY	BER LIABILITY COVERAGE	019502676	01/01/2020	01/01/2021	LIMIT OF LIABILITY CLAIMS MADE	\$100,000 PER LEAGUE AGGREGATE		
	S&P	SEC	CURITY AND PRIVACY LIABILITY INSURANCE	' '	AGUE SUBLIMIT O	F LIABILITY	RETROACTIVE DATE POLICY INCEPTION	CONTINUITY DATE POLICY INCEPTION		
		REG	GULATORY ACTION SUBLIMIT OF LIABILITY		AGUE SUBLIMIT O	F LIABILITY	POLICY INCEPTION POLICY INCEPTION			
	EM	EVI	ENT MANAGEMENT INSURANCE		AGUE SUBLIMIT O	F LIABILITY	NOT APPLICABLE	POLICY INCEPTION		
С	Х	CRIME COVERAGE		011408730	01/01/2020	01/01/2021	EACH LOSS	\$35,000		
				Crime Deductible	e: \$250 Property/\$1	,000 Money	AGGREGATE	NONE		
В	Х	-	PORTS EXCESS ACCIDENT	SRG9105434	01/01/2020	01/01/2021	As in Master Policy: Med. Max. \$100,000 Deductible \$50	As in Master Policy Excess		

"X" INDICATES COVERAGE(S) SELECTED FOR ADDITIONAL NAMED INSURED

ADDITIONAL INSURED

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- 1. Structural alterations, new construction, maintenance, repair or demolition operations performed by or on behalf of the person or organization designated in the Schedule and/or performed by the above named Little League; and
- 2. That part of the ball field or other premises not being used by the above named Little League.

NAME AND ADDRESS OF PERSON OR ORGANIZATION:

Brandywine School District 1311 Brandywine Boulevard Wilmington, DE 19809

INSURED	CANCELLATION
Little League Baseball Risk Purchasing Group, Incorporated 539 U.S. RT. 15 Highway South Williamsport, PA 17702	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

DISCLAIMER



DATE (MM/DD/YYYY) 12/7/2019

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tł	nis certificate does not confer rights t	o the	certi	ificate holder in lieu of s).			
PRO	DUCER				CONTA NAME:	David IIV	win			
Ke	ystone Risk Managers, LLC				PHONE (A/C, No, Ext): (570) 473-2150 FAX (A/C, No): (570) 473-2151					
19	95 Point Township Drive				E-MAIL ADDRE	Director @	Keystoneins			
						INS	SURER(S) AFFOR	RDING COVERAGE		NAIC#
No	rthumberland			PA 17867	INSURE	L. andre at	on Insurance			19437
INSU	IRED				INSURE	410.0	ecialty Insura	nce Company		26883
	Little League Baseball Risk F	urch	asing	Group, Incorporated	INSURE		<u> </u>			
	NAAMANS LL		J		INSURE					
	616 BERWICK RD				INSURE					
	Wilmington			DE 19803	INSURE					
		TIFI	CATE	NUMBER:	INSURE	KF:		REVISION NUMBER:		
	HIS IS TO CERTIFY THAT THE POLICIES				VE BEE	N ISSUED TO			HE POI	ICY PERIOD
	IDICATED. NOTWITHSTANDING ANY RE									
	ERTIFICATE MAY BE ISSUED OR MAY							D HEREIN IS SUBJECT T	O ALL	THE TERMS,
INSR	XCLUSIONS AND CONDITIONS OF SUCH		SUBR		BEEN	POLICY EFF	PAID CLAIMS. POLICY EXP			
LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMI	TS	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	\$	3,000,000
	CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence)	\$	300,000
								MED EXP (Any one person)	\$	Excluded
В		X		011405741		01/01/2020	01/01/2021	PERSONAL & ADV INJURY	\$	3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	3,000,000
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	3,000,000
	X OTHER: Per League							SEXUAL ABUSE OCC/AGG	\$	1M/\$1M
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
	AUTOS GNET							(i di doddoni)	\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION\$							AGGINEGATE	s	
	WORKERS COMPENSATION							PER OTH- STATUTE ER	Ψ	
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE							STATUTE ÉR	\$	
	OFFICER/MEMBER EXCLUDED?	N/A								
	If yes, describe under							E.L. DISEASE - EA EMPLOYER		
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
DEG	LOCATION OF OPERATIONS / LOCATIONS / VEHIC	ES (/	A CORD	101 Additional Bamarka Sahadu	lo mov b	a attached if mar		 nd\		
DLS	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	LL3 (<i>r</i>	4COND	101, Additional Remarks Schedu	ie, iliay b	e attached il mon	e space is require	su)		
Ce	rtificate Holder is named as Additional Ir	sure	d per	form CG 2026 (04/13)						
			-							
CE	RTIFICATE HOLDER				CANO	CELLATION				
						NIII D AANV 0= :	THE ABOVE 5		ANGE	LED DEFORE
D	randywine School District							ESCRIBED POLICIES BE (EREOF, NOTICE WILL		
В	randywine Johou District							Y PROVISIONS.		
4	211 Brandwine Boulevard									
1311 Brandywine Boulevard					1	DIZED DEDDEGE				

Wilmington

DE 19809

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

Brandywine School District 1311 Brandywine Boulevard Wilmington, DE 19809

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

- A. Section II Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:
 - In the performance of your ongoing operations; or
 - **2.** In connection with your premises owned by or rented to you.

However:

- The insurance afforded to such additional insured only applies to the extent permitted by law; and
- 2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
- 2. Available under the applicable Limits of Insurance shown in the Declarations:

whichever is less.

CERTIFICATE OF	DATE (MM/DD/YY) 12/07/19					
PRODUCER Keystone Risk Managers, LLC	CERTIFICATE #	<i>‡</i> : 2080208-2020-1	2 08 02			
1995 Point Township Drive Northumberland, PA 17867	INSURERS AF	INSURERS AFFORDING COVERAGE:				
ADDITIONAL NAMED INSURED: NAAMANS LL MICHAEL DONOVAN 616 BERWICK RD Wilmington, DE 19803	INSURER A: INSURER B: (Non-Liability) INSURER C:	Lexington Insurance C National Union Fire Ins Pittsburgh, PA AIG Specialty Insurance	urance Company of			

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L NAMED INSRD		TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
			GENERAL LIABILITY				EACH OCCURRENCE	\$3,000,000
С	Х	X	OCCURRENCE	011405741	01/01/2020	01/01/2021	GENERAL AGGREGATE	\$3,000,000
		X	INCL PARTICIPANTS	Property Damage	e Deductible: \$250		PRODUCTS/COMP OPS AGGREGATE	\$3,000,000
		X SEXUAL ABUSE					Sexual Abuse OCCURRENCE	\$1,000,000
		^	SEXUAL ADUSE				Sexual Abuse AGGREGATE	\$1,000,000
			MEDICAL PAYMENTS				Any One Person	
	.,	DIRECTORS & OFFICERS		018251940	01/01/2020	01/01/2021	EACH LOSS	\$1,000,000
С	Х			016231940	01/01/2020	01/01/2021	AGGREGATE	\$1,000,000
С	Х	CY	BER LIABILITY COVERAGE	019502676	01/01/2020	01/01/2021	LIMIT OF LIABILITY CLAIMS MADE	\$100,000 PER LEAGUE AGGREGATE
	S&P	SE	CURITY AND PRIVACY LIABILITY INSURANCE	\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY \$1,000 PER LEAGUE RETENTION		RETROACTIVE DATE POLICY INCEPTION	CONTINUITY DATE POLICY INCEPTION	
		REC	GULATORY ACTION SUBLIMIT OF LIABILITY		AGUE SUBLIMIT O	F LIABILITY	POLICE INCEPTION	POLICY INCEPTION
	EM	EVI	ENT MANAGEMENT INSURANCE		AGUE SUBLIMIT O	F LIABILITY	NOT APPLICABLE	POLICY INCEPTION
С	Х	CRIME COVERAGE		011408730	01/01/2020	01/01/2021	EACH LOSS	\$35,000
				Crime Deductible	e: \$250 Property/\$1	,000 Money	AGGREGATE	NONE
В	Х	SF	PORTS EXCESS ACCIDENT	SRG9105434	01/01/2020	01/01/2021	As in Master Policy: Med. Max. \$100,000 Deductible \$50	As in Master Policy Excess

"X" INDICATES COVERAGE(S) SELECTED FOR ADDITIONAL NAMED INSURED

ADDITIONAL INSURED

Who is an Insured (SECTION II) of the General Liability policy is amended to include as an insured the person or organization shown in the schedule, but only with respect to liability arising out of the above named Little League's maintenance or use of ball fields, or other premises loaned, donated, or rented to that Little League by such person or organizations and subject to the following additional exclusions:

- 1. Structural alterations, new construction, maintenance, repair or demolition operations performed by or on behalf of the person or organization designated in the Schedule and/or performed by the above named Little League; and
- 2. That part of the ball field or other premises not being used by the above named Little League.

NAME AND ADDRESS OF PERSON OR ORGANIZATION:

Catholic Diocese of Wilmington/St Mary Magdalen 9 Sharpley Road Wilmington, DE 19803

INSURED	CANCELLATION
Little League Baseball Risk Purchasing Group, Incorporated 539 U.S. RT. 15 Highway South Williamsport, PA 17702	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

DISCLAIMER



DATE (MM/DD/YYYY) 12/7/2019

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.

lf	MPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. f SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on his certificate does not confer rights to the certificate holder in lieu of such endorsement(s).										
PRODUCER CONTACT NAME: David Irwin											
Key	stone Risk Managers, LLC				PHONE (A/C, No	o, Ext): (570) 4	173-2150	FAX (A/C, No):	(570)	473-2151	
199	5 Point Township Drive				E-MAIL ADDRE	Dimerin @	Keystoneinso	grp.com			
						INS	URER(S) AFFOR	RDING COVERAGE		NAIC#	
Nor	thumberland			PA 17867	INSURE	RA: Lexingto	on Insurance	Company		19437	
INSU	RED				INSURE	RB: AIG Spe	ecialty Insura	nce Company		26883	
	Little League Baseball Risk F	Purch	asing	Group, Incorporated	INSURE	RC:					
	NAAMANS LL				INSURE	RD:					
	616 BERWICK RD				INSURER E:						
	Wilmington			DE 19803	INSURE	RF:					
CO	/ERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:			
IN CE E>	IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY ICLUSIONS AND CONDITIONS OF SUCH	QUIR PERT POLI	REMEI AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDE LIMITS SHOWN MAY HAVE	OF AN' ED BY	CONTRACT	OR OTHER DESCRIBED	DOCUMENT WITH RESPEC	CT TO	WHICH THIS	
NSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	s		
	COMMERCIAL GENERAL LIABILITY				_			EACH OCCURRENCE	\$	3,000,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000	
								MED EXP (Any one person)	\$	Excluded	
В		Х		011405741		01/01/2020	01/01/2021	PERSONAL & ADV INJURY	\$	3,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	3,000,000	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	3,000,000	
	· ·	1	I								

	CLAIMS-MADE X OCCUR						PREMISES (Ea occurrence)	\$ 300,000
	<u> </u>						MED EXP (Any one person)	\$ Excluded
В		Х		011405741	01/01/2020	01/01/2021	PERSONAL & ADV INJURY	\$ 3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 3,000,000
	X OTHER: Per League						SEXUAL ABUSE OCC/AGG	\$ 1M/\$1M
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO						BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
	DED RETENTION\$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORD	101. Additional Remarks Schedule, may be	e attached if mor	e space is require	ed)	

Certificate Holder is named as Additional Insured per form CG 2026 (04/13)

CERTIFICATE HOLDER		CANCELLATION
Catholic Diocese of Wilmington/St Mary Magdalen		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
9 Sharpley Road		AUTHORIZED REPRESENTATIVE
Wilmington	DE 19803	Lain sui
		© 1000 0045 ACODD CODDODATION All sinks account

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ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

Catholic Diocese of Wilmington/St Mary Magdalen 9 Sharpley Road Wilmington, DE 19803

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

- A. Section II Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:
 - In the performance of your ongoing operations; or
 - **2.** In connection with your premises owned by or rented to you.

However:

- The insurance afforded to such additional insured only applies to the extent permitted by law; and
- 2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
- **2.** Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

CERTIFICATE OF		DATE (MM/DD/YY) 12/07/19							
PRODUCER Keystone Risk Managers, LLC	CERTIFICATE #	CERTIFICATE #: 2080208-2020-1 2 0							
1995 Point Township Drive Northumberland, PA 17867	INSURERS AF	FORDING COVERAGE:							
ADDITIONAL NAMED INSURED: NAAMANS LL MICHAEL DONOVAN 616 BERWICK RD Wilmington, DE 19803	INSURER A: INSURER B: (Non-Liability) INSURER C:	Lexington Insurance Com National Union Fire Insura Pittsburgh, PA AIG Specialty Insurance C	ance Company of						

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L NAMED INSRD		TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIN	IITS
			GENERAL LIABILITY			EACH OCCURRENCE	\$3,000,000	
С	Χ	X OCCURRENCE		011405741	01/01/2020	01/01/2021	GENERAL AGGREGATE	\$3,000,000
		X	INCL PARTICIPANTS	Property Damage	e Deductible: \$250	PRODUCTS/COMP OPS AGGREGATE	\$3,000,000	
		Х	SEXUAL ABUSE				Sexual Abuse OCCURRENCE	\$1,000,000
		^	SEXUAL ABUSE				Sexual Abuse AGGREGATE	\$1,000,000
		MEDICAL PAYMENTS				Any One Person		
		DIRECTORS & OFFICERS		DIRECTORS & OFFICERS 018251940 01/01/2020 01/01/2021		EACH LOSS	\$1,000,000	
С	Х			016231940	010231940 01/01/2020 01/01/2021			\$1,000,000
С	Х	CY	BER LIABILITY COVERAGE	019502676	01/01/2020	01/01/2021	LIMIT OF LIABILITY CLAIMS MADE	\$100,000 per LEAGUE AGGREGATE
	S&P	SEC	CURITY AND PRIVACY LIABILITY INSURANCE		AGUE SUBLIMIT O	RETROACTIVE DATE POLICY INCEPTION	CONTINUITY DATE POLICY INCEPTION	
		REG	GULATORY ACTION SUBLIMIT OF LIABILITY		AGUE SUBLIMIT O	FOLICY INCEPTION	FOLICY INCEPTION	
	EM	EVI	ENT MANAGEMENT INSURANCE		AGUE SUBLIMIT O	F LIABILITY	NOT APPLICABLE	POLICY INCEPTION
С	Х		CRIME COVERAGE	011408730	01/01/2020	01/01/2021	EACH LOSS	\$35,000
				Crime Deductible	e: \$250 Property/\$1	AGGREGATE	NONE	
В	х	-	PORTS EXCESS ACCIDENT	SRG9105434	01/01/2020	01/01/2021	As in Master Policy: Med. Max. \$100,000 Deductible \$50	As in Master Policy Excess

"X" INDICATES COVERAGE(S) SELECTED FOR ADDITIONAL NAMED INSURED

ADDITIONAL INSURED

Who is an Insured (SECTION II) of the General Liability policy is amended to include as an insured the person or organization shown in the schedule, but only with respect to liability arising out of the above named Little League's maintenance or use of ball fields, or other premises loaned, donated, or rented to that Little League by such person or organizations and subject to the following additional exclusions:

- 1. Structural alterations, new construction, maintenance, repair or demolition operations performed by or on behalf of the person or organization designated in the Schedule and/or performed by the above named Little League; and
- 2. That part of the ball field or other premises not being used by the above named Little League.

NAME AND ADDRESS OF PERSON OR ORGANIZATION:

Maplezone Sports Institute 1451 Conchester Hwy Garnet Valley, PA 19061

INSURED	CANCELLATION
Little League Baseball Risk Purchasing Group, Incorporated 539 U.S. RT. 15 Highway South Williamsport, PA 17702	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

DISCLAIMER



DATE (MM/DD/YYYY) 12/7/2019

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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).

tŀ	nis certificate does not confer rights t				ıch en	dorsement(s)).	equite un endorsement		
	DUCER				CONTACT David Irwin					
Ke	ystone Risk Managers, LLC				PHONE (A/C, No, Ext): (570) 473-2150 FAX (A/C, No): (570) 473-2151					
19	95 Point Township Drive				E-MAIL ADDRE	ss: DIrwin@	Keystoneins	grp.com		
						INS	URER(S) AFFOR	RDING COVERAGE		NAIC#
No	rthumberland			PA 17867	INSURE		on Insurance			19437
INSU	JRED				INSURE	RB: AIG Spe	ecialty Insura	nce Company		26883
	Little League Baseball Risk F	urch	asing	Group, Incorporated	INSURE	R C :				
	NAAMANS LL				INSURE	RD:				
	616 BERWICK RD				INSURE	RE:				
	Wilmington			DE 19803	INSURE	RF:				
				NUMBER:				REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT POLI	REME	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIES	OR OTHER I	DOCUMENT WITH RESPE O HEREIN IS SUBJECT TO	CT TO	WHICH THIS
INSR LTR	1	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S	
	CLAIMS-MADE OCCUR							EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	3,000,000
								MED EXP (Any one person)	\$	Excluded
В		Х		011405741		01/01/2020	01/01/2021	PERSONAL & ADV INJURY	\$	3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	3,000,000
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	3,000,000
	X OTHER: Per League							SEXUAL ABUSE OCC/AGG	\$	1M/\$1M
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per accident)	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
	AUTOS CINET							(i or decidenty	\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION\$								\$	
	WORKERS COMPENSATION							PER OTH- STATUTE ER	·	
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	ES (A	CORD	101, Additional Remarks Schedul	e, may b	e attached if more	e space is require	ed)		
Ce	rtificate Holder is named as Additional Ir	sure	d per	form CG 2026 (04/13)						
CE	RTIFICATE HOLDER				CANC	ELLATION				
	laplezone Sports Institute				SHO THE	OULD ANY OF T	I DATE THE	ESCRIBED POLICIES BE C EREOF, NOTICE WILL I		

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Garnet Valley

1451 Conchester Hwy

PA 19061

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

Maplezone Sports Institute 1451 Conchester Hwy Garnet Valley, PA 19061

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

- A. Section II Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:
 - In the performance of your ongoing operations; or
 - **2.** In connection with your premises owned by or rented to you.

However:

- The insurance afforded to such additional insured only applies to the extent permitted by law; and
- 2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
- **2.** Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

CERTIFICATE OF	DATE (MM/DD/YY) 12/07/19	
PRODUCER Keystone Risk Managers, LLC	CERTIFICATE #: 2080208-2020-1	2 08 02
1995 Point Township Drive Northumberland, PA 17867	INSURERS AFFORDING COVERAGE	BE:
ADDITIONAL NAMED INSURED:	INSURER A: Lexington Insurance	Company
NAAMANS LL	INSURER B: National Union Fire In	surance Company of
MICHAEL DONOVAN 616 BERWICK RD	(Non-Liability) Pittsburgh, PA	-
Wilmington, DE 19803	INSURER C: AIG Specialty Insuran	ce Company

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L NAMED INSRD		TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIN	IITS
			GENERAL LIABILITY				EACH OCCURRENCE	\$3,000,000
С	Х	X OCCURRENCE		011405741	01/01/2020	01/01/2021	GENERAL AGGREGATE	\$3,000,000
		X	INCL PARTICIPANTS	Property Damage	e Deductible: \$250	PRODUCTS/COMP OPS AGGREGATE	\$3,000,000	
		Х	SEXUAL ABUSE				Sexual Abuse OCCURRENCE	\$1,000,000
		^	SEXUAL ABUSE				Sexual Abuse AGGREGATE	\$1,000,000
			MEDICAL PAYMENTS			Any One Person		
		DIRECTORS & OFFICERS		018251940 01/01/2020 01/01/2021		EACH LOSS	ss \$1,000,000	
С	Х			016231940	010231940 01/01/2020 01/01/2021			\$1,000,000
С	Х	CY	BER LIABILITY COVERAGE	019502676	01/01/2020	01/01/2021	LIMIT OF LIABILITY CLAIMS MADE	\$100,000 PER LEAGUE AGGREGATE
	S&P	SE	CURITY AND PRIVACY LIABILITY INSURANCE	' '	AGUE SUBLIMIT O	RETROACTIVE DATE CONTINUITY DATE POLICY INCEPTION POLICY INCEPTION		
		REC	GULATORY ACTION SUBLIMIT OF LIABILITY		AGUE SUBLIMIT O	FOLICY INCEPTION	FOLICY INCEPTION	
	EM	EVI	ENT MANAGEMENT INSURANCE		EAGUE SUBLIMIT O	F LIABILITY	NOT APPLICABLE	POLICY INCEPTION
С	Х		CRIME COVERAGE	011408730	01/01/2020	01/01/2021	EACH LOSS	\$35,000
				Crime Deductible	e: \$250 Property/\$1	AGGREGATE	NONE	
В	Х		PORTS EXCESS ACCIDENT	SRG9105434	01/01/2020	01/01/2021	As in Master Policy: Med. Max. \$100,000 Deductible \$50	As in Master Policy Excess

"X" INDICATES COVERAGE(S) SELECTED FOR ADDITIONAL NAMED INSURED

ADDITIONAL INSURED

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- 1. Structural alterations, new construction, maintenance, repair or demolition operations performed by or on behalf of the person or organization designated in the Schedule and/or performed by the above named Little League; and
- 2. That part of the ball field or other premises not being used by the above named Little League.

NAME AND ADDRESS OF PERSON OR ORGANIZATION:

New Castle County Parks and Recreation 67 Reads Way New Castle, DE 19702

INSURED	CANCELLATION
Little League Baseball Risk Purchasing Group, Incorporated 539 U.S. RT. 15 Highway South Williamsport, PA 17702	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

DISCLAIMER



DATE (MM/DD/YYYY) 12/7/2019

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy/ies) must have ADDITIONAL INSURED provisions or be endorsed

	is certificate does not confer rights t	o the	certi	ificate holder in lieu of su						
	DUCER				CONTA NAME:			EAY		
	ystone Risk Managers, LLC				PHONE (A/C, No		173-2150	FAX (A/C, No):	(570)	473-2151
199	95 Point Township Drive				É-MAIL ADDRE	_{ss:} DIrwin@	Keystoneinso	grp.com		
								RDING COVERAGE		NAIC#
No	rthumberland			PA 17867	INSURE	RA: Lexingto	on Insurance	Company		19437
INSU	RED				INSURE	RB: AIG Spe	ecialty Insura	nce Company		26883
	Little League Baseball Risk F	Purch	asing	Group, Incorporated	INSURE	RC:				
	NAAMANS LL				INSURE	RD:				
	616 BERWICK RD				INSURE	RE:				
	Wilmington			DE 19803	INSURE	RF:				
CO	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
IN CI EX	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT POLIC	REMENTAIN, TOTAL COLORS	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIES REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPE	CT TO \	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	3,000,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
								MED EXP (Any one person)	\$	Excluded
В		Х		011405741		01/01/2020	01/01/2021	PERSONAL & ADV INJURY	\$	3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	3,000,000
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	3,000,000
	X OTHER: Per League							SEXUAL ABUSE OCC/AGG	\$	1M/\$1M
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION\$								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH)	,,						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
	cription of operations / Locations / Vehico	•			le, may b	e attached if more	e space is require	ed)		
50	a.o rioladi la riamba do riambilal li	.5410	~ POI	.5 55 2525 (5-7/10)						

CERTIFICATE HOLDER		CANCELLATION
New Castle County Parks and Recreation		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
67 Reads Way		AUTHORIZED REPRESENTATIVE
New Castle	DE 19702	Lain sui
		© 1089-2015 ACOPD COPPORATION All rights reserved

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

New Castle County Parks and Recreation 67 Reads Way New Castle, DE 19702

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

- A. Section II Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:
 - In the performance of your ongoing operations; or
 - **2.** In connection with your premises owned by or rented to you.

However:

- The insurance afforded to such additional insured only applies to the extent permitted by law; and
- 2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
- 2. Available under the applicable Limits of Insurance shown in the Declarations:

whichever is less.

CERTIFICATE OF		DATE (MM/DD/YY) 12/07/19	
PRODUCER Keystone Risk Managers, LLC	CERTIFICATE #	2080208-2020-1	2 08 02
1995 Point Township Drive Northumberland, PA 17867	INSURERS AF	FORDING COVERAGE:	
ADDITIONAL NAMED INSURED: NAAMANS LL MICHAEL DONOVAN 616 BERWICK RD Wilmington, DE 19803	INSURER A: INSURER B: (Non-Liability) INSURER C:	Lexington Insurance Com National Union Fire Insura Pittsburgh, PA AIG Specialty Insurance C	ance Company of

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L NAMED INSRD		TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
			GENERAL LIABILITY				EACH OCCURRENCE	\$3,000,000
С	Χ	X	OCCURRENCE	011405741	01/01/2020	01/01/2021	GENERAL AGGREGATE	\$3,000,000
		X	INCL PARTICIPANTS	Property Damage	e Deductible: \$250		PRODUCTS/COMP OPS AGGREGATE	\$3,000,000
		Х	SEXUAL ABUSE				Sexual Abuse OCCURRENCE	\$1,000,000
		^	SEXUAL ABUSE				Sexual Abuse AGGREGATE	\$1,000,000
			MEDICAL PAYMENTS				Any One Person	
		DIRECTORS & OFFICERS		DIRECTORS & OFFICERS 018251940 01/01/2020 01/01/2021		01/01/2021	EACH LOSS	\$1,000,000
С	Х					01/01/2021	AGGREGATE	\$1,000,000
С	Х	CYBER LIABILITY COVERAGE		019502676	01/01/2020	01/01/2021	LIMIT OF LIABILITY CLAIMS MADE	\$100,000 PER LEAGUE AGGREGATE
	S&P	SEC	CURITY AND PRIVACY LIABILITY INSURANCE	\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY \$1,000 PER LEAGUE RETENTION			RETROACTIVE DATE POLICY INCEPTION	CONTINUITY DATE POLICY INCEPTION
		REG	GULATORY ACTION SUBLIMIT OF LIABILITY		AGUE SUBLIMIT O	F LIABILITY	roller mole from	FOLICT INCLETION
	EM	EVI	ENT MANAGEMENT INSURANCE		AGUE SUBLIMIT O	F LIABILITY	NOT APPLICABLE	POLICY INCEPTION
С	Х	CRIME COVERAGE		CRIME COVERAGE 011408730 01/01/2020 01/01/2021		01/01/2021	EACH LOSS	\$35,000
				Crime Deductible	e: \$250 Property/\$1	,000 Money	AGGREGATE	NONE
В	Х	-	PORTS EXCESS ACCIDENT	SRG9105434	01/01/2020	01/01/2021	As in Master Policy: Med. Max. \$100,000 Deductible \$50	As in Master Policy Excess

"X" INDICATES COVERAGE(S) SELECTED FOR ADDITIONAL NAMED INSURED

ADDITIONAL INSURED

Who is an Insured (SECTION II) of the General Liability policy is amended to include as an insured the person or organization shown in the schedule, but only with respect to liability arising out of the above named Little League's maintenance or use of ball fields, or other premises loaned, donated, or rented to that Little League by such person or organizations and subject to the following additional exclusions:

- 1. Structural alterations, new construction, maintenance, repair or demolition operations performed by or on behalf of the person or organization designated in the Schedule and/or performed by the above named Little League; and
- 2. That part of the ball field or other premises not being used by the above named Little League.

NAME AND ADDRESS OF PERSON OR ORGANIZATION:

Saint Edmond's Academy 2120 Veale Road Wilmington, DE 19810

INSURED	CANCELLATION
Little League Baseball Risk Purchasing Group, Incorporated 539 U.S. RT. 15 Highway South Williamsport, PA 17702	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

DISCLAIMER



DATE (MM/DD/YYYY) 12/7/2019

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).

tŀ	is certificate does not confer rights to	o the	cert	ificate holder in lieu of su).	equile un endere			
PRODUCER					CONTACT David Irwin						
Keystone Risk Managers, LLC						o, Ext): (570) 4	173-2150	F	AX A/C, No):	(570)	473-2151
1995 Point Township Drive					E-MAIL ADDRE	DI	Keystoneinsg		,		
								DING COVERAGE			NAIC#
No	rthumberland			PA 17867		RA: Lexingto					19437
INSU	RED				INSURE	RB: AIG Spe	ecialty Insura	nce Company			26883
	Little League Baseball Risk F	urch	asing	Group, Incorporated	INSURE	R C :					
	NAAMANS LL				INSURE	RD:					
	616 BERWICK RD				INSURE	RE:					
	Wilmington			DE 19803	INSURE	RF:					
				NUMBER:				REVISION NUME			
IN C E	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY INCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT POLI	REMEI AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIE: REDUCED BY I	OR OTHER D S DESCRIBED PAID CLAIMS.	DOCUMENT WITH I	RESPEC	OT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE		\$	3,000,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurre		\$	300,000
								MED EXP (Any one pe	erson)	\$	Excluded
В		Χ		011405741		01/01/2020	01/01/2021	PERSONAL & ADV IN.	JURY	\$	3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGA	TE	\$	3,000,000
	POLICY PRO- JECT LOC							PRODUCTS - COMP/C		\$	3,000,000
	X OTHER: Per League							SEXUAL ABUSE OCC/		\$	1M/\$1M
	AUTOMOBILE LIABILITY							COMBINED SINGLE L (Ea accident)		\$	
	ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per p		\$	
	OWNED SCHEDULED AUTOS ONLY HIRED NON-OWNED							BODILY INJURY (Per a PROPERTY DAMAGE			
	AUTOS ONLY AUTOS ONLY							(Per accident)		\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE		\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$ WORKERS COMPENSATION							PER	OTH-	\$	
	AND EMPLOYERS' LIABILITY Y/N							PER STATUTE	ER		
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT		\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EM			
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLIC	Y LIMIT	\$	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	FS (A	ACORD	101. Additional Remarks Schedu	le. may b	e attached if more	space is require	ed)			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Certificate Holder is named as Additional Insured per form CG 2026 (04/13)											
CE	RTIFICATE HOLDER				CANO	CELLATION					
S	aint Edmond's Academy				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
2120 Veale Road			AUTHORIZED REPRESENTATIVE								

Wilmington

DE 19810

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

Saint Edmond's Academy 2120 Veale Road Wilmington, DE 19810

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

- A. Section II Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:
 - In the performance of your ongoing operations; or
 - **2.** In connection with your premises owned by or rented to you.

However:

- The insurance afforded to such additional insured only applies to the extent permitted by law; and
- 2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
- **2.** Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

CERTIFICATE OF	DATE (MM/DD/YY) 12/07/19		
PRODUCER Keystone Risk Managers, LLC	CERTIFICATE #	2080208-2020-1 2 08 02	
1995 Point Township Drive Northumberland, PA 17867	INSURERS AF	FORDING COVERAGE:	
ADDITIONAL NAMED INSURED:	INSURER A:	Lexington Insurance Company	
NAAMANS LL	INSURER B:	National Union Fire Insurance Company	of
MICHAEL DONOVAN 616 BERWICK RD	(Non-Liability)	Pittsburgh, PA	
Wilmington, DE 19803	INSURER C:	AIG Specialty Insurance Company	

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L NAMED INSRD		TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
			GENERAL LIABILITY				EACH OCCURRENCE	\$3,000,000
С	Χ	X	OCCURRENCE	011405741	01/01/2020	01/01/2021	GENERAL AGGREGATE	\$3,000,000
		X	INCL PARTICIPANTS	Property Damage	e Deductible: \$250		PRODUCTS/COMP OPS AGGREGATE	\$3,000,000
		Х	SEXUAL ABUSE				Sexual Abuse OCCURRENCE	\$1,000,000
		^	SEXUAL ABUSE				Sexual Abuse AGGREGATE	\$1,000,000
			MEDICAL PAYMENTS				Any One Person	
		DIRECTORS & OFFICERS		DIRECTORS & OFFICERS 018251940 01/01/2020 01/01/2021		01/01/2021	EACH LOSS	\$1,000,000
С	Х					01/01/2021	AGGREGATE	\$1,000,000
С	Х	CYBER LIABILITY COVERAGE		019502676	01/01/2020	01/01/2021	LIMIT OF LIABILITY CLAIMS MADE	\$100,000 PER LEAGUE AGGREGATE
	S&P	SEC	CURITY AND PRIVACY LIABILITY INSURANCE	\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY \$1,000 PER LEAGUE RETENTION			RETROACTIVE DATE POLICY INCEPTION	CONTINUITY DATE POLICY INCEPTION
		REG	GULATORY ACTION SUBLIMIT OF LIABILITY		AGUE SUBLIMIT O	F LIABILITY	roller mole from	FOLICT INCLETION
	EM	EVI	ENT MANAGEMENT INSURANCE		AGUE SUBLIMIT O	F LIABILITY	NOT APPLICABLE	POLICY INCEPTION
С	Х	CRIME COVERAGE		CRIME COVERAGE 011408730 01/01/2020 01/01/2021		01/01/2021	EACH LOSS	\$35,000
				Crime Deductible	e: \$250 Property/\$1	,000 Money	AGGREGATE	NONE
В	Х	-	PORTS EXCESS ACCIDENT	SRG9105434	01/01/2020	01/01/2021	As in Master Policy: Med. Max. \$100,000 Deductible \$50	As in Master Policy Excess

"X" INDICATES COVERAGE(S) SELECTED FOR ADDITIONAL NAMED INSURED

ADDITIONAL INSURED

Who is an Insured (SECTION II) of the General Liability policy is amended to include as an insured the person or organization shown in the schedule, but only with respect to liability arising out of the above named Little League's maintenance or use of ball fields, or other premises loaned, donated, or rented to that Little League by such person or organizations and subject to the following additional exclusions:

- 1. Structural alterations, new construction, maintenance, repair or demolition operations performed by or on behalf of the person or organization designated in the Schedule and/or performed by the above named Little League; and
- 2. That part of the ball field or other premises not being used by the above named Little League.

NAME AND ADDRESS OF PERSON OR ORGANIZATION:

Siegel JCC 101 Garden of Eden Rd Wilmington, DE 19810

INSURED	CANCELLATION
Little League Baseball Risk Purchasing Group, Incorporated 539 U.S. RT. 15 Highway South Williamsport, PA 17702	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

DISCLAIMER



DATE (MM/DD/YYYY) 12/7/2019

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).

tŀ	is certificate does not confer rights	o the	cert	ificate holder in lieu of su).	•			
PRODUCER						CONTACT NAME: David Irwin					
Keystone Risk Managers, LLC						PHONE (A/C, No, Ext): (570) 473-2150 FAX (A/C, No): (570) 473-2151					
1995 Point Township Drive					E-MAIL ADDRESS: DIrwin@Keystoneinsgrp.com						
						INS	SURER(S) AFFOR	DING COVERAGE			NAIC#
No	rthumberland			PA 17867	INSURE	RA: Lexingto	on Insurance	Company			19437
INSU	RED				INSURE	RB: AIG Sp	ecialty Insura	nce Company			26883
	Little League Baseball Risk	Purch	asing	Group, Incorporated	INSURE	RC:					
	NAAMANS LL				INSURE	RD:					
	616 BERWICK RD				INSURE	RE:					
	Wilmington			DE 19803	INSURE	RF:					
СО	VERAGES CEF	TIFIC	CATE	NUMBER:				REVISION NUM	/IBER:		•
IN C E	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RIERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT POLI	REMEI AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	OCUMENT WITH	RESPE	CT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENC		\$	3,000,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTE PREMISES (Ea occu	ED irrence)	\$	300,000
								MED EXP (Any one	person)	\$	Excluded
В		X		011405741		01/01/2020	01/01/2021	PERSONAL & ADV I	NJURY	\$	3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	SATE	\$	3,000,000
	POLICY PRO- JECT LOC							PRODUCTS - COMP	P/OP AGG	\$	3,000,000
	X OTHER: Per League							SEXUAL ABUSE OC		\$	1M/\$1M
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$	
	ANY AUTO							BODILY INJURY (Pe	er person)	\$	
	OWNED SCHEDULED AUTOS ONLY HIRED NON-OWNED							BODILY INJURY (Pe		\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	E	\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	Œ	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION\$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDEN	NT	\$	
	(Mandatory in NH)							E.L. DISEASE - EA E	MPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$	
	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Certificate Holder is named as Additional Insured per form CG 2026 (04/13)										
05					CAN	OFI LATION					
UΕ	RTIFICATE HOLDER				CAN	CELLATION					
S	egel JCC				THE	EXPIRATION	N DATE THE	ESCRIBED POLIC EREOF, NOTICE Y PROVISIONS.			
101 Garden of Eden Rd			AUTHORIZED REPRESENTATIVE								

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Wilmington

DE 19810

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

Siegel JCC 101 Garden of Eden Rd Wilmington, DE 19810

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

- A. Section II Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:
 - In the performance of your ongoing operations; or
 - **2.** In connection with your premises owned by or rented to you.

However:

- The insurance afforded to such additional insured only applies to the extent permitted by law; and
- 2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
- **2.** Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

CERTIFICATE OF		DATE (MM/DD/YY) 12/07/19	
PRODUCER Keystone Risk Managers, LLC	CERTIFICATE #	2080208-2020-1	2 08 02
1995 Point Township Drive Northumberland, PA 17867	INSURERS AF	FORDING COVERAGE:	
ADDITIONAL NAMED INSURED: NAAMANS LL MICHAEL DONOVAN 616 BERWICK RD Wilmington, DE 19803	INSURER A: INSURER B: (Non-Liability) INSURER C:	Lexington Insurance Com National Union Fire Insura Pittsburgh, PA AIG Specialty Insurance C	ance Company of

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L NAMED INSRD		TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
			GENERAL LIABILITY				EACH OCCURRENCE	\$3,000,000
С	Χ	X	OCCURRENCE	011405741	01/01/2020	01/01/2021	GENERAL AGGREGATE	\$3,000,000
		X	INCL PARTICIPANTS	Property Damage	e Deductible: \$250		PRODUCTS/COMP OPS AGGREGATE	\$3,000,000
		Х	SEXUAL ABUSE				Sexual Abuse OCCURRENCE	\$1,000,000
		^	SEXUAL ABUSE				Sexual Abuse AGGREGATE	\$1,000,000
			MEDICAL PAYMENTS				Any One Person	
		DIRECTORS & OFFICERS		DIRECTORS & OFFICERS 018251940 01/01/2020 01/01/2021		01/01/2021	EACH LOSS	\$1,000,000
С	Х					01/01/2021	AGGREGATE	\$1,000,000
С	Х	CYBER LIABILITY COVERAGE		019502676	01/01/2020	01/01/2021	LIMIT OF LIABILITY CLAIMS MADE	\$100,000 PER LEAGUE AGGREGATE
	S&P	SEC	CURITY AND PRIVACY LIABILITY INSURANCE	\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY \$1,000 PER LEAGUE RETENTION			RETROACTIVE DATE POLICY INCEPTION	CONTINUITY DATE POLICY INCEPTION
		REG	GULATORY ACTION SUBLIMIT OF LIABILITY		AGUE SUBLIMIT O	F LIABILITY	roller mole from	FOLICT INCLETION
	EM	EVI	ENT MANAGEMENT INSURANCE		AGUE SUBLIMIT O	F LIABILITY	NOT APPLICABLE	POLICY INCEPTION
С	Х	CRIME COVERAGE		CRIME COVERAGE 011408730 01/01/2020 01/01/2021		01/01/2021	EACH LOSS	\$35,000
				Crime Deductible	e: \$250 Property/\$1	,000 Money	AGGREGATE	NONE
В	Х	-	PORTS EXCESS ACCIDENT	SRG9105434	01/01/2020	01/01/2021	As in Master Policy: Med. Max. \$100,000 Deductible \$50	As in Master Policy Excess

"X" INDICATES COVERAGE(S) SELECTED FOR ADDITIONAL NAMED INSURED

ADDITIONAL INSURED

Who is an Insured (SECTION II) of the General Liability policy is amended to include as an insured the person or organization shown in the schedule, but only with respect to liability arising out of the above named Little League's maintenance or use of ball fields, or other premises loaned, donated, or rented to that Little League by such person or organizations and subject to the following additional exclusions:

- 1. Structural alterations, new construction, maintenance, repair or demolition operations performed by or on behalf of the person or organization designated in the Schedule and/or performed by the above named Little League; and
- 2. That part of the ball field or other premises not being used by the above named Little League.

NAME AND ADDRESS OF PERSON OR ORGANIZATION:

Skating Club of Wilmington 1301 Carruthers Ln Wilmington, DE 19803

INSURED	CANCELLATION
Little League Baseball Risk Purchasing Group, Incorporated 539 U.S. RT. 15 Highway South Williamsport, PA 17702	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

DISCLAIMER



DATE (MM/DD/YYYY) 12/7/2019

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.

lf	MPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. f SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on his certificate does not confer rights to the certificate holder in lieu of such endorsement(s).										
PROD	DUCER			CONTAC NAME:	David Irv	vin					
Key	stone Risk Managers, LLC				PHONE (A/C, No	, LAU. '	473-2150	FAX (A/C, No):	(570)	473-2151	
1995 Point Township Drive							Keystoneins	grp.com			
						INS	SURER(S) AFFOR	RDING COVERAGE		NAIC#	
Nor	thumberland			PA 17867	INSUREI	RA: Lexingto	on Insurance	Company		19437	
INSU	RED				INSUREI	RB: AIG Spe	ecialty Insura	nce Company		26883	
	Little League Baseball Risk I	Purch	asing	Group, Incorporated	INSUREI	RC:					
NAAMANS LL						INSURER D:					
616 BERWICK RD						RE:					
	Wilmington			DE 19803	INSUREI	RF:					
CO	/ERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OF CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES I EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAI							OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPE	CT TO	WHICH THIS	
NSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	3,000,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000	
								MED EXP (Any one person)	\$	Excluded	
В		X		011405741		01/01/2020	01/01/2021	PERSONAL & ADV INJURY	\$	3,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	3,000,000	
	PRO-							DDODUGTO COMPIOS AGO		3,000,000	

	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
						MED EXP (Any one person)	\$	Excluded	
В		Χ		011405741	01/01/2020	01/01/2021	PERSONAL & ADV INJURY	\$	3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	3,000,000
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	3,000,000
	X OTHER: Per League						SEXUAL ABUSE OCC/AGG	\$	1M/\$1M
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO						BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
								\$	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
	DED RETENTION\$							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
	ANYPROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT	\$		
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
DESC	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)								
Contificate Helder is seemed as Additional Insured was form CC 2000 (04/40)									
Cei	Certificate Holder is named as Additional Insured per form CG 2026 (04/13)								

CERTIFICATE HOLDER		CANCELLATION
Skating Club of Wilmington		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
1301 Carruthers Ln		AUTHORIZED REPRESENTATIVE
Wilmington	DE 19803	Lain sui
		© 1988-2015 ACORD CORPORATION. All rights reserved.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

Skating Club of Wilmington 1301 Carruthers Ln Wilmington, DE 19803

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

- A. Section II Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:
 - In the performance of your ongoing operations; or
 - **2.** In connection with your premises owned by or rented to you.

However:

- The insurance afforded to such additional insured only applies to the extent permitted by law; and
- 2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
- **2.** Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

CERTIFICATE OF	DATE (MM/DD/YY) 12/07/19							
PRODUCER Keystone Risk Managers, LLC								
1995 Point Township Drive Northumberland, PA 17867	INSURERS AFFORDING COVERAGE	BE:						
ADDITIONAL NAMED INSURED:	INSURER A: Lexington Insurance	Company						
NAAMANS LL	INSURER B: National Union Fire In	surance Company of						
MICHAEL DONOVAN 616 BERWICK RD	(Non-Liability) Pittsburgh, PA	-						
Wilmington, DE 19803	INSURER C: AIG Specialty Insuran	ce Company						

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L NAMED INSRD	TYPE OF INSURANCE		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIN	IITS	
			GENERAL LIABILITY			EACH OCCURRENCE	\$3,000,000		
С	Χ	X	OCCURRENCE	011405741	01/01/2020	01/01/2021	GENERAL AGGREGATE	\$3,000,000	
		X	INCL PARTICIPANTS	Property Damage	e Deductible: \$250	PRODUCTS/COMP OPS AGGREGATE	\$3,000,000		
		Х	SEXUAL ABUSE				Sexual Abuse OCCURRENCE	\$1,000,000	
		^	SEXUAL ABUSE				Sexual Abuse AGGREGATE	\$1,000,000	
			MEDICAL PAYMENTS				Any One Person		
		DIRECTORS & OFFICERS		018251940 01/01/2020 01/01/2021		EACH LOSS	\$1,000,000		
С	Х			016231940	01/01/2020	01/01/2021	AGGREGATE	\$1,000,000	
С	Х	CYBER LIABILITY COVERAGE		019502676	01/01/2020	01/01/2021	LIMIT OF LIABILITY CLAIMS MADE	\$100,000 per LEAGUE AGGREGATE	
	S&P	SEC	CURITY AND PRIVACY LIABILITY INSURANCE		AGUE SUBLIMIT O	RETROACTIVE DATE POLICY INCEPTION	CONTINUITY DATE POLICY INCEPTION		
		REG	GULATORY ACTION SUBLIMIT OF LIABILITY	\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY \$1,000 PER LEAGUE RETENTION			FOLICY INCEPTION	FOLICY INCEPTION	
	EM	EVI	ENT MANAGEMENT INSURANCE		AGUE SUBLIMIT O	F LIABILITY	NOT APPLICABLE	POLICY INCEPTION	
С	Х	CRIME COVERAGE		011408730	01/01/2020	01/01/2021	EACH LOSS	\$35,000	
				Crime Deductible	e: \$250 Property/\$1	,000 Money	AGGREGATE	NONE	
В	х	SPORTS EXCESS ACCIDENT		SRG9105434	01/01/2020	01/01/2021	As in Master Policy: Med. Max. \$100,000 Deductible \$50	As in Master Policy Excess	

"X" INDICATES COVERAGE(S) SELECTED FOR ADDITIONAL NAMED INSURED

ADDITIONAL INSURED

Who is an Insured (SECTION II) of the General Liability policy is amended to include as an insured the person or organization shown in the schedule, but only with respect to liability arising out of the above named Little League's maintenance or use of ball fields, or other premises loaned, donated, or rented to that Little League by such person or organizations and subject to the following additional exclusions:

- 1. Structural alterations, new construction, maintenance, repair or demolition operations performed by or on behalf of the person or organization designated in the Schedule and/or performed by the above named Little League; and
- 2. That part of the ball field or other premises not being used by the above named Little League.

NAME AND ADDRESS OF PERSON OR ORGANIZATION:

Tatnall School 1501 Barley Mill Rd Wilmington, DE 19807

INSURED	CANCELLATION
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE
	THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE
Little League Baseball Risk Purchasing Group, Incorporated	WITH THE POLICY PRO <u>VISIONS</u> .
539 U.S. RT. 15 Highway	
South Williamsport, PA 17702	

DISCLAIMER



DATE (MM/DD/YYYY) 12/7/2019

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).

th	is certificate does not confer rights	to the	cert	ificate holder in lieu of su).	•			
PRODUCER					CONTACT David Irwin						
Ke	stone Risk Managers, LLC				PHONE (A/C, No, Ext): (570) 473-2150 FAX (A/C, No): (570) 473-2151					473-2151	
199	95 Point Township Drive				E-MAIL ADDRESS: DIrwin@Keystoneinsgrp.com						
						SURER(S) AFFOR	DING COVERAGE			NAIC#	
No	thumberland			PA 17867	INSURE	L. andre at	on Insurance				19437
INSU	RED				INSURE	RB: AIG Sp	ecialty Insura	nce Company			26883
	Little League Baseball Risk	Purch	asing	Group, Incorporated	INSURE		-				
	NAAMANS LL				INSURE						
	616 BERWICK RD				INSURE						
	Wilmington			DE 19803	INSURE						
CO		TIFI	CATE	NUMBER:	INSURE	Kr.		REVISION NUM	/IBFR·		
TI	HIS IS TO CERTIFY THAT THE POLICIES	S OF	INSUF	RANCE LISTED BELOW HAY	VE BEE	N ISSUED TO	THE INSURE	D NAMED ABOVE	E FOR TH	HE POL	ICY PERIOD
IN	DICATED. NOTWITHSTANDING ANY R	EQUIF	REME	NT, TERM OR CONDITION	OF AN'	Y CONTRACT	OR OTHER I	DOCUMENT WITH	RESPE	CT TO	WHICH THIS
	ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH							HEREIN IS SUE	BJECT TO	ALL	THE TERMS,
INSR	TYPE OF INSURANCE	ADDL	SUBR		DELITI	POLICY EFF	POLICY EXP		LIMIT		
LTR	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)				3,000,000
								EACH OCCURRENCE DAMAGE TO RENTE	ΞD	\$	300,000
	CLAIMS-MADE X OCCUR						PREMISES (Ea occu		\$	Excluded	
_		X		044405744		04/04/0000	04/04/0004	MED EXP (Any one p		\$	3,000,000
В		_ ^		011405741		01/01/2020	01/01/2021	PERSONAL & ADV II		\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG		\$	3,000,000
	POLICY PRO- LOC							PRODUCTS - COMP		\$	3,000,000
	OTHER: Per League							SEXUAL ABUSE OCCOMBINED SINGLE		\$	1M/\$1M
	AUTOMOBILE LIABILITY							(Ea accident)		\$	
	ANY AUTO OWNED SCHEDULED							BODILY INJURY (Pe		\$	
	AUTOS ONLY AUTOS NON-OWNED							BODILY INJURY (Pe PROPERTY DAMAG		\$	
	AUTOS ONLY AUTOS ONLY							(Per accident)) <u> </u>	\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	Œ	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION\$							1050	OTIL	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER STATUTE	OTH- ER		
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDEN	NT	\$	
	(Mandatory in NH)							E.L. DISEASE - EA E	MPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLI	ICY LIMIT	\$	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORD	101, Additional Remarks Schedu	le, may b	e attached if more	e space is require	ed)			
0-			al .a.a	forms CC 2000 (04/42)							
Ce	tificate Holder is named as Additional I	nsure	a per	101111 CG 2026 (04/13)							
CEI	RTIFICATE HOLDER				CANO	CELLATION					
_	de all Oak a al					-		ESCRIBED POLICE			
l'a	atnall School							EREOF, NOTICE Y PROVISIONS.	VVILL E)E DE	FIAEVED IN
	-0.4 D. J. M.W.D.:										
1501 Barley Mill Rd			ALITHORIZED REDRESEMTATIVE								

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Wilmington

DE 19807

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

Tatnall School 1501 Barley Mill Rd Wilmington, DE 19807

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

- A. Section II Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:
 - In the performance of your ongoing operations; or
 - **2.** In connection with your premises owned by or rented to you.

However:

- The insurance afforded to such additional insured only applies to the extent permitted by law; and
- 2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
- **2.** Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

CERTIFICATE OF		DATE (MM/DD/YY) 12/07/19			
PRODUCER Keystone Risk Managers, LLC	CERTIFICATE #	2080208-2020-1	2 08 02		
1995 Point Township Drive Northumberland, PA 17867	INSURERS AF	FORDING COVERAGE:	E:		
ADDITIONAL NAMED INSURED: NAAMANS LL MICHAEL DONOVAN 616 BERWICK RD Wilmington, DE 19803	INSURER A: INSURER B: (Non-Liability) INSURER C:	Lexington Insurance Com National Union Fire Insura Pittsburgh, PA AIG Specialty Insurance C	ance Company of		

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L NAMED INSRD	TYPE OF INSURANCE		POLICY NUMBER POLICY EFFECTIVE DATE (MM/DD/YYYY) POLICY EXPIRATION DATE (MM/DD/YYYY)		LIMITS			
		GENERAL LIABILITY					EACH OCCURRENCE	\$3,000,000	
С	Χ	X	OCCURRENCE	011405741	01/01/2020	01/01/2021	GENERAL AGGREGATE	\$3,000,000	
		X	INCL PARTICIPANTS	Property Damage	e Deductible: \$250	PRODUCTS/COMP OPS AGGREGATE	\$3,000,000		
		Х	SEXUAL ABUSE				Sexual Abuse OCCURRENCE	\$1,000,000	
		^	SEXUAL ABUSE				Sexual Abuse AGGREGATE	\$1,000,000	
			MEDICAL PAYMENTS				Any One Person		
		DIRECTORS & OFFICERS		018251940 01/01/2020 01/01/2021		EACH LOSS	\$1,000,000		
С	Х			016231940	01/01/2020	01/01/2021	AGGREGATE	\$1,000,000	
С	Х	CYBER LIABILITY COVERAGE		019502676	01/01/2020	01/01/2021	LIMIT OF LIABILITY CLAIMS MADE	\$100,000 PER LEAGUE AGGREGATE	
	S&P	SEC	CURITY AND PRIVACY LIABILITY INSURANCE	' '	AGUE SUBLIMIT O	RETROACTIVE DATE POLICY INCEPTION	CONTINUITY DATE POLICY INCEPTION		
		REG	GULATORY ACTION SUBLIMIT OF LIABILITY	\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY \$1,000 PER LEAGUE RETENTION			roller mole from	FOLICT INCLETION	
	EM	EVI	ENT MANAGEMENT INSURANCE		AGUE SUBLIMIT O	F LIABILITY	NOT APPLICABLE	POLICY INCEPTION	
С	Х	CRIME COVERAGE		011408730	01/01/2020	01/01/2021	EACH LOSS	\$35,000	
				Crime Deductible	e: \$250 Property/\$1	,000 Money	AGGREGATE	NONE	
В	Х	SPORTS EXCESS ACCIDENT		SRG9105434	01/01/2020	01/01/2021	As in Master Policy: Med. Max. \$100,000 Deductible \$50	As in Master Policy Excess	

"X" INDICATES COVERAGE(S) SELECTED FOR ADDITIONAL NAMED INSURED

ADDITIONAL INSURED

INCLIDED

Who is an Insured (SECTION II) of the General Liability policy is amended to include as an insured the person or organization shown in the schedule, but only with respect to liability arising out of the above named Little League's maintenance or use of ball fields, or other premises loaned, donated, or rented to that Little League by such person or organizations and subject to the following additional exclusions:

- 1. Structural alterations, new construction, maintenance, repair or demolition operations performed by or on behalf of the person or organization designated in the Schedule and/or performed by the above named Little League; and
- 2. That part of the ball field or other premises not being used by the above named Little League.

NAME AND ADDRESS OF PERSON OR ORGANIZATION:

Thunder Stix Baseball and Softball Academy 4060 N Dupont Hwy New Castle, DE 19720

HOOKED	OANOLLLATION
Little League Baseball Risk Purchasing Group, Incorporated 539 U.S. RT. 15 Highway South Williamsport, PA 17702	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

CANCELLATION

DISCLAIMER



DATE (MM/DD/YYYY) 12/7/2019

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

	SUBROGATION IS WAIVED, subject is certificate does not confer rights t				-	-	-	equire an endo	rsement	. A st	atement on
PRO	DUCER				CONTA NAME:	CT David Irv	vin				
	ystone Risk Managers, LLC				PHONE (A/C, No, Ext): (570) 473-2150 FAX (A/C, No): (570) 473-				473-2151		
199	95 Point Township Drive				E-MAIL ADDRE	ss: DIrwin@	Keystoneinso	grp.com			
						INS	URER(S) AFFOR	DING COVERAGE			NAIC#
No	rthumberland			PA 17867	INSURE	RA: Lexingto	on Insurance	Company			19437
INSU	RED				INSURE	RB: AIG Spe	ecialty Insura	nce Company			26883
	Little League Baseball Risk F	Purch	asing	Group, Incorporated	INSURE	RC:					
	NAAMANS LL				INSURE	RD:					
	616 BERWICK RD				INSURE	RE:					
	Wilmington			DE 19803	INSURE	RF:					
CO	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUM	MBER:		
IN C E	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY REERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT POLIC	REMEN AIN, 1 CIES. I	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN' ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	OCUMENT WITH	RESPEC	OT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENC	E	\$	3,000,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTE PREMISES (Ea occu		\$	300,000
								MED EXP (Any one p	person)	\$	Excluded
В		Х		011405741	01/01/2020	01/01/2021	PERSONAL & ADV I	NJURY	\$	3,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	ATE	\$	3,000,000
	POLICY PRO- JECT LOC							PRODUCTS - COMP	P/OP AGG	\$	3,000,000
	X OTHER: Per League							SEXUAL ABUSE OC	C/AGG	\$	1M/\$1M
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$	
	ANY AUTO							BODILY INJURY (Pe	r person)	\$	
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Pe	er accident)	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	Ε	\$	
	AUTOS GIVET							(i oi deoideili)		\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	E	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION\$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
	ANYPROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDEN	NT.	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA E	MPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$	
	ESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Certificate Holder is named as Additional Insured per form CG 2026 (04/13)										

CERTIFICATE HOLDER		CANCELLATION
Thunder Stix Baseball and Softball Academy		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
4060 N Dupont Hwy		AUTHORIZED REPRESENTATIVE
New Castle	DE 19720	Lain sin
		V @ 1000 2015 ACORD CORDORATION All rights received

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

Thunder Stix Baseball and Softball Academy 4060 N Dupont Hwy New Castle, DE 19720

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

- A. Section II Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:
 - In the performance of your ongoing operations; or
 - **2.** In connection with your premises owned by or rented to you.

However:

- The insurance afforded to such additional insured only applies to the extent permitted by law; and
- 2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
- **2.** Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

CERTIFICATE OF	DATE (MM/DD/YY) 12/07/19					
PRODUCER Keystone Risk Managers, LLC	CERTIFICATE #	<i>‡</i> : 2080208-2020-1	2 08 02			
1995 Point Township Drive Northumberland, PA 17867	INSURERS AF	INSURERS AFFORDING COVERAGE:				
ADDITIONAL NAMED INSURED: NAAMANS LL MICHAEL DONOVAN 616 BERWICK RD Wilmington, DE 19803	INSURER A: INSURER B: (Non-Liability) INSURER C:	INSURER B: National Union Fire Insurance Compare (Non-Liability) Pittsburgh, PA				

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L NAMED INSRD		TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIN	IITS	
	X	GENERAL LIABILITY X OCCURRENCE					EACH OCCURRENCE	\$3,000,000	
С				011405741	01/01/2020	01/01/2021	GENERAL AGGREGATE	\$3,000,000	
		X	INCL PARTICIPANTS	Property Damage	e Deductible: \$250	PRODUCTS/COMP OPS AGGREGATE	\$3,000,000		
		X SEXUAL ABUSE					Sexual Abuse OCCURRENCE	\$1,000,000	
		^	SEXUAL ABUSE				Sexual Abuse AGGREGATE	\$1,000,000	
			MEDICAL PAYMENTS				Any One Person		
				018251940	01/01/2020	01/01/2021	EACH LOSS	\$1,000,000	
С	Х	DIRECTORS & OFFICERS		016231940	01/01/2020	01/01/2021	AGGREGATE	\$1,000,000	
С	Х	CYBER LIABILITY COVERAGE		019502676	01/01/2020	01/01/2021	LIMIT OF LIABILITY CLAIMS MADE	\$100,000 PER LEAGUE AGGREGATE	
	S&P	SEC	CURITY AND PRIVACY LIABILITY INSURANCE	' '	AGUE SUBLIMIT O	RETROACTIVE DATE POLICY INCEPTION	CONTINUITY DATE POLICY INCEPTION		
		REG	GULATORY ACTION SUBLIMIT OF LIABILITY		AGUE SUBLIMIT O	roller mole from	FOLICT INCLETION		
	EM	EVI	ENT MANAGEMENT INSURANCE		AGUE SUBLIMIT O	NOT APPLICABLE	POLICY INCEPTION		
С	Х	CRIME COVERAGE		011408730	01/01/2020	01/01/2021	EACH LOSS	\$35,000	
				Crime Deductible	e: \$250 Property/\$1	AGGREGATE	NONE		
В	Х	-	PORTS EXCESS ACCIDENT	SRG9105434	01/01/2020	01/01/2021	As in Master Policy: Med. Max. \$100,000 Deductible \$50	As in Master Policy Excess	

"X" INDICATES COVERAGE(S) SELECTED FOR ADDITIONAL NAMED INSURED

ADDITIONAL INSURED

Who is an Insured (SECTION II) of the General Liability policy is amended to include as an insured the person or organization shown in the schedule, but only with respect to liability arising out of the above named Little League's maintenance or use of ball fields, or other premises loaned, donated, or rented to that Little League by such person or organizations and subject to the following additional exclusions:

- 1. Structural alterations, new construction, maintenance, repair or demolition operations performed by or on behalf of the person or organization designated in the Schedule and/or performed by the above named Little League; and
- 2. That part of the ball field or other premises not being used by the above named Little League.

NAME AND ADDRESS OF PERSON OR ORGANIZATION:

Wilmington Friends School 101 School Road Wilmington, DE 19803

INSURED	CANCELLATION
Little League Baseball Risk Purchasing Group, Incorporated 539 U.S. RT. 15 Highway South Williamsport, PA 17702	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

DISCLAIMER



DATE (MM/DD/YYYY) 12/7/2019

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).

this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).											
PRODUCER					CONTACT David Irwin						
Keystone Risk Managers, LLC				PHONE (A/C, No, Ext): (570) 473-2150 FAX (A/C, No): (570) 4					473-2151		
1995 Point Township Drive					E-MAIL ADDRESS: DIrwin@Keystoneinsgrp.com						
					INSURER(S) AFFORDING COVERAGE					NAIC#	
No	rthumberland			PA 17867	INSURER A: Lexington Insurance Company					19437	
INSU	RED				INSURER B: AIG Specialty Insurance Company					26883	
	Little League Baseball Risk P	urch	asing	Group, Incorporated	INSURE	R C :					
	NAAMANS LL				INSURER D :						
	616 BERWICK RD				INSURER E :						
	Wilmington			DE 19803	INSURER F:						
CO	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUM	IBER:		
IN CI	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.								WHICH THIS		
LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	S	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENT		\$	3,000,000
	CLAIMS-MADE X OCCUR							PREMISES (Ea occi		\$	300,000
								MED EXP (Any one	person)	\$	Excluded
В		Χ		011405741		01/01/2020	01/01/2021	PERSONAL & ADV	INJURY	\$	3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREC	SATE	\$	3,000,000
	POLICY PRO- JECT LOC							PRODUCTS - COMP		\$	3,000,000
	X OTHER: Per League							SEXUAL ABUSE OC		\$	1M/\$1M
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMII	\$	
	ANY AUTO							BODILY INJURY (Pe	er person)	\$	
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Pe		\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	3E	\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	CE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION\$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDE	NT	\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA E	MPLOYEE	\$	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$	
DEG	DODITION OF OREDATIONS (LOCATIONS (VEHICL	FO /4	0000	404 Additional Bassacha Oakadad				. n			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Certificate Holder is named as Additional Insured per form CG 2026 (04/13)											
CERTIFICATE HOLDER					CANO	CELLATION					
Wilmington Friends School				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							

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101 School Road

Wilmington

DE 19803

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

Wilmington Friends School 101 School Road Wilmington, DE 19803

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

- A. Section II Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:
 - In the performance of your ongoing operations; or
 - **2.** In connection with your premises owned by or rented to you.

However:

- The insurance afforded to such additional insured only applies to the extent permitted by law; and
- 2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
- 2. Available under the applicable Limits of Insurance shown in the Declarations:

whichever is less.