CERTIFICATE OF	LIABILITY INSURANCE		DATE (MM/DD/YY) 11/06/21
Keystone Risk Managers, LLC 1995 Point Township Drive	CERTIFICATE #	±: 2080208-2022-1	2 08 02
Northumberland, PA 17867	INSURERS AF	FORDING COVERAGE:	
ADDITIONAL NAMED INSURED:	INSURER A:	Lexington Insurance Cor	mpany
NAAMANS LL	INSURER B:	National Union Fire Insu	rance Company of
MICHAEL DONOVAN	(Non-Liability)	Pittsburgh, PA	
616 BERWICK RD 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 THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED NOTWITH STANDING 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.

*SUBJECT TO \$5,000,000 AGGREGATE SUBLIMIT OF LIABILITY FOR ALL LEAGUES, COMBINED, UNDER THE MASTER D&O POLICY, FOR ALL LOSS ARISING FROM ALL CLASS ACTION CLAIMS AND COMMON LEAGUE CLAIMS, AS MORE FULLY DESCRIBED IN ENDORSEMENT #34 OF THE MASTER D&O POLICY.

**SUBJECT TO \$5,000,000 AGGREGATE SUBLIMIT OF LIABILITY FOR ALL LEAGUES, COMBINED, UNDER THE MASTER CYBER POLICY, FOR SPECIFIED DEFENSE COSTS, AS MORE FULLY DESCRIBED IN ENDORSEMENT #34 OF THE MASTER D&O POLICY.

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	011405745	01/01/2022	01/01/2023	GENERAL AGGREGATE	\$3,000,000
		X	INCL PARTICIPANTS	Property Damage	e Deductible: \$250		PRODUCTS/COMP OPS AGGREGATE	\$3,000,000
		Χ	SEXUAL ABUSE				Sexual Abuse OCCURRENCE	\$1,000,000
		^	SEXUAL ADUSE				Sexual Abuse AGGREGATE	\$1,000,000
			MEDICAL PAYMENTS				Any One Person	
	.,			018235622	01/01/2022	01/01/2023	EACH LOSS	\$1,000,000 *
С	Х	DIRECTORS & OFFICERS		010233022 01/01/2022 01/01/2023		AGGREGATE	\$1,000,000	
С	Х	CY	BER LIABILITY COVERAGE	017355170	01/01/2022	01/01/2023	LIMIT OF LIABILITY CLAIMS MADE	\$100,000 PER LEAGUE AGGREGATE
	S&P	SE	CURITY AND PRIVACY LIABILITY INSURANCE	\$100,000 PER LE \$1,000 PER LEAG	AGUE SUBLIMIT O	F LIABILITY **	RETROACTIVE DATE POLICY INCEPTION	CONTINUITY DATE POLICY INCEPTION
		REC	GULATORY ACTION SUBLIMIT OF LIABILITY		AGUE SUBLIMIT O	F LIABILITY	POLICE INCLESTION	FOLICT INCLETION
	EM	EVI	ENT MANAGEMENT INSURANCE		AGUE SUBLIMIT O	F LIABILITY **	NOT APPLICABLE	POLICY INCEPTION
С	Х		CRIME COVERAGE	9472629	01/01/2022	01/01/2023	EACH LOSS	\$35,000
				Crime Deductible	e: \$250 Property/\$1	,000 Money	AGGREGATE	NONE
В	Х		PORTS EXCESS ACCIDENT	SRG9105434	01/01/2022	01/01/2023	As in Master Policy: Med. Max. \$100,000 Deductible \$50	As in Master Policy Excess

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:

1. All Star Baseball Academy - West Chester
2. BPG Sports - 76ers Field House
3. Brandywine School District
4. Catholic Diocese of Wilmington/St Mary Magdalen
5. Delaware Stadium Corporation (Judy Johnson Field - Frawley Stadium)
6. Maplezone Sports Institute
7. New Castle County Parks and Recreation
8. Siegel JCC
9. Skating Club of Wilmington
10. Tatnall School
11. Wilmington Friends 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 REPRESENTATIVE

DISCLAIMER

CERTIFICATE OF	LIABILITY INSURANCE	DATE (MM/DD/YY) 11/06/21	
Keystone Risk Managers, LLC 1995 Point Township Drive	CERTIFICATE #	t: 2080208-2022-1 2 08 02	
Northumberland, PA 17867	INSURERS AF	FFORDING COVERAGE:	
ADDITIONAL NAMED INSURED:	INSURER A:	Lexington Insurance Company	
NAAMANS LL	INSURER B:	National Union Fire Insurance Company of	f
MICHAEL DONOVAN	(Non-Liability)	Pittsburgh, PA	
616 BERWICK RD Wilmington, DE 19803	INSURER C:	AIG Specialty Insurance Company	

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*SUBJECT TO \$5,000,000 AGGREGATE SUBLIMIT OF LIABILITY FOR ALL LEAGUES, COMBINED, UNDER THE MASTER D&O POLICY, FOR ALL LOSS ARISING FROM ALL CLASS ACTION CLAIMS AND COMMON LEAGUE CLAIMS, AS MORE FULLY DESCRIBED IN ENDORSEMENT #34 OF THE MASTER D&O POLICY.

*SUBJECT TO \$5,000,000 AGGREGATE SUBLIMIT OF LIABILITY FOR ALL LEAGUES, COMBINED, UNDER THE MASTER CYBER POLICY, FOR SPECIFIED DEFENSE COSTS, AS MORE FULLY DESCRIBED IN ENDORSEMENT #34 OF THE MASTER D&O POLICY.

ENDORSEMENT #14 OF THE MASTER CYBER POLICY.

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	011405745	01/01/2022	01/01/2023	GENERAL AGGREGATE	\$3,000,000
		X	INCL PARTICIPANTS	Property Damage	e Deductible: \$250		PRODUCTS/COMP OPS AGGREGATE	\$3,000,000
		Χ	SEXUAL ABUSE				Sexual Abuse OCCURRENCE	\$1,000,000
		^	SEXUAL ADUSE				Sexual Abuse AGGREGATE	\$1,000,000
			MEDICAL PAYMENTS				Any One Person	
	.,			018235622	01/01/2022	01/01/2023	EACH LOSS	\$1,000,000 *
С	Х	DIRECTORS & OFFICERS		010233022 01/01/2022 01/01/2023		AGGREGATE	\$1,000,000	
С	Х	CY	BER LIABILITY COVERAGE	017355170	01/01/2022	01/01/2023	LIMIT OF LIABILITY CLAIMS MADE	\$100,000 PER LEAGUE AGGREGATE
	S&P	SE	CURITY AND PRIVACY LIABILITY INSURANCE	\$100,000 PER LE \$1,000 PER LEAG	AGUE SUBLIMIT O	F LIABILITY **	RETROACTIVE DATE POLICY INCEPTION	CONTINUITY DATE POLICY INCEPTION
		REC	GULATORY ACTION SUBLIMIT OF LIABILITY		AGUE SUBLIMIT O	F LIABILITY	POLICE INCLESTION	FOLICT INCLETION
	EM	EVI	ENT MANAGEMENT INSURANCE		AGUE SUBLIMIT O	F LIABILITY **	NOT APPLICABLE	POLICY INCEPTION
С	Х		CRIME COVERAGE	9472629	01/01/2022	01/01/2023	EACH LOSS	\$35,000
				Crime Deductible	e: \$250 Property/\$1	,000 Money	AGGREGATE	NONE
В	Х		PORTS EXCESS ACCIDENT	SRG9105434	01/01/2022	01/01/2023	As in Master Policy: Med. Max. \$100,000 Deductible \$50	As in Master Policy Excess

<u>'INDICATES COVERAGE(S) SELECTED FOR ADDITIONAL NAMED INSURED</u>

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

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) 11/6/2021

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	PORTANT: If the certificate holder SUBROGATION IS WAIVED, subject s certificate does not confer rights	t to tl	he tei	rms and conditions of th	ne polic	y, certain p	olicies may i			
PROD	UCER				CONTA NAME:	ст David Irv	win			
Key	stone Risk Managers, LLC				PHONE (A/C, No	o. Ext): (570)	473-2150	FAX (A/C, No)	(570)	473-2151
199	5 Point Township Drive				E-MAIL ADDRE	Diruin@	Keystoneins	grp.com		
								DING COVERAGE		NAIC#
Nor	thumberland			PA 17867	INSURE	RA: Lexingt	on Insurance	Company		19437
INSU	RED				INSURE	RB: AIG Sp	ecialty Insura	nce Company		26883
	Little League Baseball Risk	Purch	asing	Group, Incorporated	INSURE	R C :				
	NAAMANS LL				INSURE	RD:				
	616 BERWICK RD				INSURE	RE:				
	Wilmington			DE 19803	INSURE	RF:				
CO	'ERAGES CE	RTIFIC	CATE	NUMBER:				REVISION NUMBER:		
IN CE EX	IS IS TO CERTIFY THAT THE POLICIE DICATED. NOTWITHSTANDING ANY F RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT POLI	REMEI AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN'	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT 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)	LIMI	TS	
	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		011405745		01/01/2022	01/01/2023	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)	\$	
	ACTOC CIVET							(i oi dooldon)	\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MAD	≣						AGGREGATE	\$	
	DED RETENTION \$								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
	ANYPROPRIETOR/PARTNER/EXECUTIVE	1						E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY 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)

CERTIFICATE HOLDER		CANCELLATION
All Star Baseball Academy - West Chester		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
52 Penn Oaks Dr West Chester	PA 19382	AUTHORIZED REPRESENTATIVE
		6 4000 0045 ACODD CODDODATION All sinks managed

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	LIABILITY INSURANCE		DATE (MM/DD/YY) 11/06/21
Keystone Risk Managers, LLC 1995 Point Township Drive	CERTIFICATE #	2080208-2022-1	2 08 02
Northumberland, PA 17867	INSURERS AF	FORDING COVERAGE	≣:
ADDITIONAL NAMED INSURED:	INSURER A:	Lexington Insurance C	ompany
NAAMANS LL	INSURER B:	National Union Fire Ins	urance Company of
MICHAEL DONOVAN	(Non-Liability)	Pittsburgh, PA	
616 BERWICK RD Wilmington, DE 19803	INSURER C:	AIG Specialty Insuranc	e Company

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*SUBJECT TO \$5,000,000 AGGREGATE SUBLIMIT OF LIABILITY FOR ALL LEAGUES, COMBINED, UNDER THE MASTER D&O POLICY, FOR ALL LOSS ARISING FROM ALL CLASS ACTION CLAIMS AND COMMON LEAGUE CLAIMS, AS MORE FULLY DESCRIBED IN ENDORSEMENT #34 OF THE MASTER D&O POLICY.

**SUBJECT TO \$5,000,000 AGGREGATE SUBLIMIT OF LIABILITY FOR ALL LEAGUES, COMBINED, UNDER THE MASTER CYBER POLICY, FOR SPECIFIED DEFENSE COSTS, AS MORE FULLY DESCRIBED IN ENDORSEMENT #34 OF THE MASTER DATE OF THE MASTER CYBER POLICY.

ENDORSEMENT #14 OF THE MASTER CYBER POLICY.

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	011405745	01/01/2022	01/01/2023	GENERAL AGGREGATE	\$3,000,000
		X	INCL PARTICIPANTS	Property Damage	e Deductible: \$250		PRODUCTS/COMP OPS AGGREGATE	\$3,000,000
		Χ	SEXUAL ABUSE				Sexual Abuse OCCURRENCE	\$1,000,000
		^	SEXUAL ADUSE				Sexual Abuse AGGREGATE	\$1,000,000
			MEDICAL PAYMENTS				Any One Person	
	.,			018235622	01/01/2022	01/01/2023	EACH LOSS	\$1,000,000 *
С	Х	DIRECTORS & OFFICERS		010233022 01/01/2022 01/01/2023		AGGREGATE	\$1,000,000	
С	Х	CY	BER LIABILITY COVERAGE	017355170	01/01/2022	01/01/2023	LIMIT OF LIABILITY CLAIMS MADE	\$100,000 PER LEAGUE AGGREGATE
	S&P	SE	CURITY AND PRIVACY LIABILITY INSURANCE	\$100,000 PER LE \$1,000 PER LEAG	AGUE SUBLIMIT O	F LIABILITY **	RETROACTIVE DATE POLICY INCEPTION	CONTINUITY DATE POLICY INCEPTION
		REC	GULATORY ACTION SUBLIMIT OF LIABILITY		AGUE SUBLIMIT O	F LIABILITY	POLICE INCLESTION	FOLICT INCLETION
	EM	EVI	ENT MANAGEMENT INSURANCE		AGUE SUBLIMIT O	F LIABILITY **	NOT APPLICABLE	POLICY INCEPTION
С	Х		CRIME COVERAGE	9472629	01/01/2022	01/01/2023	EACH LOSS	\$35,000
				Crime Deductible	e: \$250 Property/\$1	,000 Money	AGGREGATE	NONE
В	Х		PORTS EXCESS ACCIDENT	SRG9105434	01/01/2022	01/01/2023	As in Master Policy: Med. Max. \$100,000 Deductible \$50	As in Master Policy Excess

<u>'INDICATES COVERAGE(S) SELECTED FOR ADDITIONAL NAMED INSURED</u>

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:

BPG Sports - 76ers Field House 401 GARASCHES LANE Wilmington, DE 19801

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) 11/6/2021

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If	MPORTANT: If the certificate holder i SUBROGATION IS WAIVED, subject his certificate does not confer rights to	to the	terms and conditions of th	e policy, certain p	olicies may		
PROD	DUCER			CONTACT David In	win		
Key	ystone Risk Managers, LLC			PHONE (A/C, No, Ext): (570)	473-2150	FAX (A/C, No):	(570) 473-2151
199	95 Point Township Drive				Keystoneins		
					SURER(S) AFFOR	RDING COVERAGE	NAIC#
Nor	rthumberland		PA 17867	INSURER A: Lexingt	on Insurance	Company	19437
INSU	IRED			INSURER B: AIG Sp	ecialty Insura	nce Company	26883
	Little League Baseball Risk F	urchas	sing Group, Incorporated	INSURER C :			
	NAAMANS LL			INSURER D :			
	616 BERWICK RD			INSURER E :			
	Wilmington		DE 19803	INSURER F:			
CO	VERAGES CER	TIFIC/	ATE NUMBER:			REVISION NUMBER:	
IN CE EX	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY INCLUSIONS AND CONDITIONS OF SUCH	QUIRE PERTAI POLICII	MENT, TERM OR CONDITION IN, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAVE	OF ANY CONTRACT ED BY THE POLICIE BEEN REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPEC	CT TO WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL SI	UBR VVD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	rs.
	\						·
	COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE	\$ 3,000,000
	CLAIMS-MADE OCCUR					EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	0.000.000
						DAMAGE TO RENTED	\$ 3,000,000 \$ 300,000 \$ Excluded
В		X	011405745	01/01/2022	01/01/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 3,000,000 \$ 300,000
В	CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER:	X	011405745	01/01/2022		DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person)	\$ 3,000,000 \$ 300,000 \$ Excluded \$ 3,000,000 \$ 3,000,000
В	CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROPERTY LOC	X	011405745	01/01/2022		DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY	\$ 3,000,000 \$ 300,000 \$ Excluded \$ 3,000,000
В	CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER:	X	011405745	01/01/2022		DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG SEXUAL ABUSE OCC/AGG	\$ 3,000,000 \$ 300,000 \$ Excluded \$ 3,000,000 \$ 3,000,000
В	CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROPERTY LOC	X	011405745	01/01/2022		DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ 3,000,000 \$ 300,000 \$ Excluded \$ 3,000,000 \$ 3,000,000 \$ 3,000,000
В	GENL AGGREGATE LIMIT APPLIES PER: POLICY PRODUCT LOC OTHER: Per League AUTOMOBILE LIABILITY ANY AUTO	X	011405745	01/01/2022		DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG SEXUAL ABUSE OCC/AGG COMBINED SINGLE LIMIT	\$ 3,000,000 \$ 300,000 \$ Excluded \$ 3,000,000 \$ 3,000,000 \$ 3,000,000 \$ 1M/\$1M
В	CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC X OTHER: PER League AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY AUTOS AUTOS	х	011405745	01/01/2022		DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG SEXUAL ABUSE OCC/AGG COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident)	\$ 3,000,000 \$ 300,000 \$ Excluded \$ 3,000,000 \$ 3,000,000 \$ 3,000,000 \$ 1M/\$1M \$
В	CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCT LOC OTHER: Per League AUTOMOBILE LIABILITY ANY AUTO OWNED SCHEDULED	X	011405745	01/01/2022		DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG SEXUAL ABUSE OCC/AGG COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person)	\$ 3,000,000 \$ 300,000 \$ Excluded \$ 3,000,000 \$ 3,000,000 \$ 3,000,000 \$ 1M/\$1M \$
В	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- PRO- DIECT LOC OTHER: PER League AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED NON-OWNED	X	011405745	01/01/2022		DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG SEXUAL ABUSE OCC/AGG COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE	\$ 3,000,000 \$ 300,000 \$ Excluded \$ 3,000,000 \$ 3,000,000 \$ 1M/\$1M \$ \$
В	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- PRO- DIECT LOC OTHER: PER League AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED NON-OWNED	X	011405745	01/01/2022		DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG SEXUAL ABUSE OCC/AGG COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE	\$ 3,000,000 \$ 300,000 \$ Excluded \$ 3,000,000 \$ 3,000,000 \$ 1M/\$1M \$ \$ \$
В	GENL AGGREGATE LIMIT APPLIES PER: POLICY PROJECT LOC OTHER: PER League AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY	x	011405745	01/01/2022		DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG SEXUAL ABUSE OCC/AGG COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ 3,000,000 \$ 300,000 \$ Excluded \$ 3,000,000 \$ 3,000,000 \$ 1M/\$1M \$ \$ \$

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)

N/A

CERTIFICATE HOLDER		CANCELLATION
BPG Sports - 76ers Field House		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
401 GARASCHES LANE		AUTHORIZED REPRESENTATIVE
Wilmington	DE 19801	Lain sin
·		A 4000 2045 A CORD CORDODATION All rights recovered

PER STATUTE

E.L. EACH ACCIDENT

E.L. DISEASE - EA EMPLOYEE

E.L. DISEASE - POLICY LIMIT

\$

\$

WORKERS COMPENSATION

AND EMPLOYERS' LIABILITY

ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)

If yes, describe under DESCRIPTION OF OPERATIONS below

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):

BPG Sports - 76ers Field House 401 GARASCHES LANE Wilmington, DE 19801

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) 11/06/21					
Keystone Risk Managers, LLC 1995 Point Township Drive	CERTIFICATE #	2080208-2022-1	2 08 02			
Northumberland, PA 17867	INSURERS AF	INSURERS AFFORDING COVERAGE:				
ADDITIONAL NAMED INSURED:	INSURER A:	Lexington Insurance C	ompany			
NAAMANS LL	INSURER B:	National Union Fire Ins	urance Company of			
MICHAEL DONOVAN	(Non-Liability)	Pittsburgh, PA				
616 BERWICK RD 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.

*SUBJECT TO \$5,000,000 AGGREGATE SUBLIMIT OF LIABILITY FOR ALL LEAGUES, COMBINED, UNDER THE MASTER D&O POLICY, FOR ALL LOSS ARISING FROM ALL CLASS ACTION CLAIMS AND COMMON LEAGUE CLAIMS, AS MORE FULLY DESCRIBED IN ENDORSEMENT #34 OF THE MASTER D&O POLICY.

**SUBJECT TO \$5,000,000 AGGREGATE SUBLIMIT OF LIABILITY FOR ALL LEAGUES, COMBINED, UNDER THE MASTER CYBER POLICY, FOR SPECIFIED DEFENSE COSTS, AS MORE FULLY DESCRIBED IN ENDORSEMENT #43 OF THE MASTER D&O POLICY.

ENDORSEMENT #14 OF THE MASTER CYBER POLICY.

INSR LTR	ADD'L NAMED INSRD	TYPE OF INSURANCE		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIN	NITS				
	GENERAL LIABILITY		GENERAL LIABILITY				EACH OCCURRENCE	\$3,000,000				
С	Х	X	OCCURRENCE	011405745	01/01/2022	01/01/2023	GENERAL AGGREGATE	\$3,000,000				
		X	INCL PARTICIPANTS	Property Damage	e Deductible: \$250		PRODUCTS/COMP OPS AGGREGATE	\$3,000,000				
	v	Χ	SEXUAL ABUSE				Sexual Abuse OCCURRENCE	\$1,000,000				
		^	SEXUAL ABUSE				Sexual Abuse AGGREGATE	\$1,000,000				
			MEDICAL PAYMENTS				Any One Person					
								018235622	01/01/2022 01/01/2023		EACH LOSS	\$1,000,000 *
С	Х		DIRECTORS & OFFICERS	010233022 01/01/2022 01/01/2023			AGGREGATE	\$1,000,000				
С	Х	CY	CYBER LIABILITY COVERAGE 017355170 01/01/2022		01/01/2023	LIMIT OF LIABILITY CLAIMS MADE	\$100,000 PER LEAGUE AGGREGATE					
	S&P	SE	CURITY AND PRIVACY LIABILITY INSURANCE	\$100,000 PER LE \$1,000 PER LEAG	AGUE SUBLIMIT O	RETROACTIVE DATE POLICY INCEPTION	CONTINUITY DATE POLICY INCEPTION					
		REC	GULATORY ACTION SUBLIMIT OF LIABILITY		AGUE SUBLIMIT O	T GEIGT INGENTION	T GEIGT INGEN TIGHT					
	EM	EVI	ENT MANAGEMENT INSURANCE		AGUE SUBLIMIT O	F LIABILITY **	NOT APPLICABLE	POLICY INCEPTION				
С	Х		CRIME COVERAGE	9472629	01/01/2022	01/01/2023	EACH LOSS	\$35,000				
				Crime Deductible	e: \$250 Property/\$1	,000 Money	AGGREGATE	NONE				
В	Х	X SPORTS EXCESS ACCIDENT		SRG9105434	01/01/2022	01/01/2023	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:

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) 11/6/2021

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).

thi	s certificate does not confer rights				-	dorsement(s).	equile un end	OI SCIIICIII		
PROD					NAME:	David IIV			FAV		
Key	stone Risk Managers, LLC				PHONE (A/C, No	o, Ext): (570) 4	473-2150		FAX (A/C, No):	(570)	473-2151
199	5 Point Township Drive				E-MAIL ADDRE	ss: DIrwin@	Keystoneinso	grp.com			I
								DING COVERAGE			NAIC#
	humberland			PA 17867	INSURE		on Insurance				19437
INSUF					INSURE	RB: AIG Spe	ecialty Insura	nce Company			26883
	Little League Baseball Risk	ourch	asing	Group, Incorporated	INSURE	RC:					
	NAAMANS LL				INSURE	RD:					
	616 BERWICK RD				INSURE	RE:					
	Wilmington			DE 19803	INSURE	RF:					
				NUMBER:				REVISION NU			
INI CE EX	IS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RI RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH	EQUIF 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	OR OTHER DESCRIBED PAID CLAIMS.	DOCUMENT WIT D HEREIN IS SU	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	
	CLAIMS-MADE X OCCUR							EACH OCCURRENT DAMAGE TO RENT PREMISES (Ea oc	TED	\$	3,000,000
								MED EXP (Any one	,	\$	Excluded
В		Х		011405745		01/01/2022	01/01/2023	PERSONAL & AD\	'INJURY	\$	3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE	GATE	\$	3,000,000
	POLICY PRO- JECT LOC							PRODUCTS - COM	IP/OP AGG	\$	3,000,000
	X OTHER: Per League							SEXUAL ABUSE C		\$	1M/\$1M
	AUTOMOBILE LIABILITY							COMBINED SINGL (Ea accident)	E LIMIT	\$	
	ANY AUTO							BODILY INJURY (I	Per person)	\$	
	OWNED SCHEDULED AUTOS							BODILY INJURY (I		\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)	.GE	\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURREN	ICE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION\$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
.	ANYPROPRIETOR/PARTNER/EXECUTIVE DFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDI	ENT	\$	
- 1	Mandatory in NH) f yes, describe under							E.L. DISEASE - EA	EMPLOYEE	\$	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PO	LICY LIMIT	\$	
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORD	101, Additional Remarks Schedul	e, may b	e attached if more	e space is require	ed)			
Cert	ificate Holder is named as Additional I	nsure	d per	form CG 2026 (04/13)							
			-								
CEP	TIFICATE HOLDER				CANC	CELLATION					
CER	III IOATE HOLDER				CAN	JELEA HON					
_								ESCRIBED POLI			
Bra	Indywine School District				IHE	EXPIRATION	N DATE THE	REOF, NOTICI	: WILL I	se DE	LIVEKED IN

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ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Wilmington

1311 Brandywine Boulevard

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) 11/06/21					
Keystone Risk Managers, LLC 1995 Point Township Drive	CERTIFICATE #	2080208-2022-1	2 08 02			
Northumberland, PA 17867	INSURERS AF	INSURERS AFFORDING COVERAGE:				
ADDITIONAL NAMED INSURED:	INSURER A:	Lexington Insurance C	ompany			
NAAMANS LL	INSURER B:	National Union Fire Ins	urance Company of			
MICHAEL DONOVAN	(Non-Liability)	Pittsburgh, PA				
616 BERWICK RD 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.

*SUBJECT TO \$5,000,000 AGGREGATE SUBLIMIT OF LIABILITY FOR ALL LEAGUES, COMBINED, UNDER THE MASTER D&O POLICY, FOR ALL LOSS ARISING FROM ALL CLASS ACTION CLAIMS AND COMMON LEAGUE CLAIMS, AS MORE FULLY DESCRIBED IN ENDORSEMENT #34 OF THE MASTER D&O POLICY.

**SUBJECT TO \$5,000,000 AGGREGATE SUBLIMIT OF LIABILITY FOR ALL LEAGUES, COMBINED, UNDER THE MASTER CYBER POLICY, FOR SPECIFIED DEFENSE COSTS, AS MORE FULLY DESCRIBED IN ENDORSEMENT #34 OF THE MASTER DATE OF THE MASTER CYBER POLICY.

ENDORSEMENT #14 OF THE MASTER CYBER POLICY.

INSR LTR	ADD'L NAMED INSRD	TYPE OF INSURANCE		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIN	NITS				
	GENERAL LIABILITY		GENERAL LIABILITY				EACH OCCURRENCE	\$3,000,000				
С	Х	X	OCCURRENCE	011405745	01/01/2022	01/01/2023	GENERAL AGGREGATE	\$3,000,000				
		X	INCL PARTICIPANTS	Property Damage	e Deductible: \$250		PRODUCTS/COMP OPS AGGREGATE	\$3,000,000				
	v	Χ	SEXUAL ABUSE				Sexual Abuse OCCURRENCE	\$1,000,000				
		^	SEXUAL ABUSE				Sexual Abuse AGGREGATE	\$1,000,000				
			MEDICAL PAYMENTS				Any One Person					
								018235622	01/01/2022 01/01/2023		EACH LOSS	\$1,000,000 *
С	Х		DIRECTORS & OFFICERS	010233022 01/01/2022 01/01/2023			AGGREGATE	\$1,000,000				
С	Х	CY	CYBER LIABILITY COVERAGE 017355170 01/01/2022		01/01/2023	LIMIT OF LIABILITY CLAIMS MADE	\$100,000 PER LEAGUE AGGREGATE					
	S&P	SE	CURITY AND PRIVACY LIABILITY INSURANCE	\$100,000 PER LE \$1,000 PER LEAG	AGUE SUBLIMIT O	RETROACTIVE DATE POLICY INCEPTION	CONTINUITY DATE POLICY INCEPTION					
		REC	GULATORY ACTION SUBLIMIT OF LIABILITY		AGUE SUBLIMIT O	T GEIGT INGENTION	T GEIGT INGEN TIGHT					
	EM	EVI	ENT MANAGEMENT INSURANCE		AGUE SUBLIMIT O	F LIABILITY **	NOT APPLICABLE	POLICY INCEPTION				
С	Х		CRIME COVERAGE	9472629	01/01/2022	01/01/2023	EACH LOSS	\$35,000				
				Crime Deductible	e: \$250 Property/\$1	,000 Money	AGGREGATE	NONE				
В	Х	X SPORTS EXCESS ACCIDENT		SRG9105434	01/01/2022	01/01/2023	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. AUTHORIZED REPRESENTATIVE

DISCLAIMER



DATE (MM/DD/YYYY) 11/6/2021

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

	JBROGATION IS WAIVED, subject certificate does not confer rights t	to t	he tei	rms and conditions of th	ne polic uch end	cy, certain po dorsement(s	olicies may ı	•	nt. A st	atement on
PRODU	CER				CONTA NAME:	ст David Irv	vin			
Keys	one Risk Managers, LLC				PHONE (A/C, No	o, Ext): (3/0) ²	173-2150	FAX (A/C, No	(570) (570)	473-2151
1995	Point Township Drive				E-MAIL ADDRE	ss: DIrwin@	Keystoneins	grp.com		
						INS	URER(S) AFFOR	DING COVERAGE		NAIC#
North	umberland			PA 17867	INSURE	RA: Lexingto	on Insurance	Company		19437
INSURE	D				INSURE	RB: AIG Spe	ecialty Insura	nce Company		26883
	Little League Baseball Risk I	Purch	asing	Group, Incorporated	INSURE	RC:				
	NAAMANS LL				INSURER D:					
	616 BERWICK RD				INSURE	RE:				
	Wilmington			DE 19803	INSURER F:					
COVE	RAGES CER	TIFI	CATE	NUMBER:				REVISION NUMBER:		
INDI CER EXC	S IS TO CERTIFY THAT THE POLICIES CATED. NOTWITHSTANDING ANY RE TIFICATE MAY BE ISSUED OR MAY LUSIONS AND CONDITIONS OF SUCH	EQUIF PERT POLI	REMEI AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN'	Y CONTRACT THE POLICIES REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESP	ECT TO	WHICH THIS
NSR LTR	TYPE OF INSURANCE		SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIF	MITS	
>	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		011405745		01/01/2022	01/01/2023	PERSONAL & ADV INJURY	\$	3,000,000

LIK		TITE OF INCORPANCE	INSD	WVD	POLICT NUMBER			Limit	<u> </u>
	X	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		011405745	01/01/2022	01/01/2023	PERSONAL & ADV INJURY	\$ 3,000,000
	GEN	I'L AGGRE <u>GAT</u> E LIMIT AP <u>PLIE</u> S 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
	AUT	OMOBILE 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 \$							\$
		KERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANYF	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Man	datory in NH)	,,					E.L. DISEASE - EA EMPLOYEE	\$
	DES	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
DES	CRIPT	ION OF OPERATIONS / LOCATIONS / VEHICE	LES (A	CORD	101, Additional Remarks Schedule, may be	e attached if mor	e space is require	ed)	
Ca	rtifica	ate Holder is named as Additional Ir	ouro	d nor	form CC 2026 (04/12)				
_ Ce	unce	ate i loider is fiamed as Additional II	isuie	u pei	101111 00 2020 (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 Juni
		© 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):

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) 11/06/21					
Keystone Risk Managers, LLC 1995 Point Township Drive	CERTIFICATE #	<i>‡</i> : 2080208-2022-1	2 08 02			
Northumberland, PA 17867	INSURERS AF	INSURERS AFFORDING COVERAGE:				
ADDITIONAL NAMED INSURED:	INSURER A:	Lexington Insurance C	Company			
NAAMANS LL	INSURER B:	National Union Fire Ins	surance Company of			
MICHAEL DONOVAN	(Non-Liability)	Pittsburgh, PA				
616 BERWICK RD Wilmington, DE 19803	INSURER C:	AIG Specialty Insurance	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.

*SUBJECT TO \$5,000,000 AGGREGATE SUBLIMIT OF LIABILITY FOR ALL LEAGUES, COMBINED, UNDER THE MASTER D&O POLICY, FOR ALL LOSS ARISING FROM ALL CLASS ACTION CLAIMS AND COMMON LEAGUE CLAIMS, AS MORE FULLY DESCRIBED IN ENDORSEMENT #34 OF THE MASTER D&O POLICY.

**SUBJECT TO \$5,000,000 AGGREGATE SUBLIMIT OF LIABILITY FOR ALL LEAGUES, COMBINED, UNDER THE MASTER CYBER POLICY, FOR SPECIFIED DEFENSE COSTS, AS MORE FULLY DESCRIBED IN ENDORSEMENT #34 OF THE MASTER DATE OF THE MASTER CYBER POLICY.

ENDORSEMENT #14 OF THE MASTER CYBER POLICY.

INSR LTR	ADD'L NAMED INSRD		TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIN	NITS
			GENERAL LIABILITY				EACH OCCURRENCE	\$3,000,000
С	Х	X	OCCURRENCE	011405745	01/01/2022	01/01/2023	GENERAL AGGREGATE	\$3,000,000
		X	INCL PARTICIPANTS	Property Damage	e Deductible: \$250		PRODUCTS/COMP OPS AGGREGATE	\$3,000,000
		Χ	SEXUAL ABUSE				Sexual Abuse OCCURRENCE	\$1,000,000
		^	SEXUAL ABUSE				Sexual Abuse AGGREGATE	\$1,000,000
			MEDICAL PAYMENTS				Any One Person	
	, , , , , , , , , , , , , , , , , , ,			018235622	01/01/2022	01/01/2023	EACH LOSS	\$1,000,000 *
С	Х		DIRECTORS & OFFICERS	018235622	01/01/2022	01/01/2023	AGGREGATE	\$1,000,000
С	Х	CYBER LIABILITY COVERAGE		CYBER LIABILITY COVERAGE 017355170 01/01/2022 01/01/2023		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	T GEIGT INGENTION	T GEIGT INGEN TIGHT
	EM	EVI	ENT MANAGEMENT INSURANCE		AGUE SUBLIMIT O	F LIABILITY **	NOT APPLICABLE	POLICY INCEPTION
С	Х	CRIME COVERAGE		9472629	01/01/2022	01/01/2023	EACH LOSS	\$35,000
				Crime Deductible	Crime Deductible: \$250 Property/\$1,000 Money			NONE
В	Х		PORTS EXCESS ACCIDENT	SRG9105434	01/01/2022	01/01/2023	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:

Delaware Stadium Corporation (Judy Johnson Field - Frawley Stadium) 801 Shipyard Drive Wilmington, DE 19801

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



DATE (MM/DD/YYYY) 11/6/2021

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 NAME:	David Irwin						
Keystone Risk Managers, LLC		PHONE (A/C, No, Ext): (570) 473-2150 FAX (A/C, No): (570) 473							
1995 Point Township Drive		E-MAIL ADDRESS:	DIrwin@Keystoneinsgrp.com						
			INSURER(S) AFFORDING COVERAGE		NAIC#				
Northumberland	PA 17867	INSURER A :	Lexington Insurance Company		19437				
INSURED		INSURER B :	AIG Specialty Insurance Company		26883				
Little League Baseba	all Risk Purchasing Group, Incorporated	INSURER C :							
NAAMANS LL		INSURER D :							
616 BERWICK RD		INSURER E :							
Wilmington	DE 19803	INSURER F:							
COVERAGES	CERTIFICATE NUMBER:		REVISION NU	MBER:					
INDICATED. NOTWITHSTANDING CERTIFICATE MAY BE ISSUED C	OLICIES OF INSURANCE LISTED BELOW HA' ANY REQUIREMENT, TERM OR CONDITION R MAY PERTAIN, THE INSURANCE AFFORD F SUCH POLICIES. LIMITS SHOWN MAY HAVE	OF ANY CO	DNTRACT OR OTHER DOCUMENT WIT POLICIES DESCRIBED HEREIN IS SU	H RESPECT	TO WHICH THIS				

POLICY EFF POLICY EXP ADDL SUBR TYPE OF INSURANCE POLICY NUMBER LIMITS INSD WVD **COMMERCIAL GENERAL LIABILITY** 3,000,000 EACH OCCURRENCE DAMAGE TO RENTED \$ CLAIMS-MADE X OCCUR 300,000 \$ PREMISES (Ea occurrence) Excluded MED EXP (Any one person) 3,000,000 Χ 01/01/2022 | 01/01/2023 В 011405745 PERSONAL & ADV INJURY \$ 3,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$ PRO-JECT 3,000,000 POLICY PRODUCTS - COMP/OP AGG \$ OTHER: Per League SEXUAL ABUSE OCC/AGG \$ 1M/\$1M COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY \$ ANY AUTO BODILY INJURY (Per person) \$ OWNED AUTOS ONLY HIRED SCHEDULED AUTOS NON-OWNED **BODILY INJURY (Per accident)** \$ PROPERTY DAMAGE (Per accident) \$ AUTOS ONLY **AUTOS ONLY** \$ UMBRELLA LIAB OCCUR **EACH OCCURRENCE** \$ **EXCESS LIAB** CLAIMS-MADE **AGGREGATE** \$ DED RETENTION \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT \$ N/A (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY 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)

CERTIFICATE HOLDER	CANCELLATION
Delaware Stadium Corporation (Judy Johnson Field - Frawley Stadium)	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
801 Shipyard Drive	AUTHORIZED REPRESENTATIVE
Wilmington DE 19801	Lauri Jenni
	© 1988-2015 ACOPD COPPORATION All rights reserved

POLICY NUMBER: 011405745

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

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):

Delaware Stadium Corporation (Judy Johnson Field - Frawley Stadium) 801 Shipyard Drive Wilmington, DE 19801

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 LIABILITY INS	DATE (MM/DD/YY) 11/06/21				
Keystone Risk Managers, LLC 1995 Point Township Drive					
Northumberland, PA 17867	INSURERS AFFORDING COVERAGE:				
ADDITIONAL NAMED INSURED:	INSURER A:	Lexington Insurance (Company		
NAAMANS LL	INSURER B:	National Union Fire In	surance Company of		
MICHAEL DONOVAN	(Non-Liability)	Pittsburgh, PA			
616 BERWICK RD 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.

*SUBJECT TO \$5,000,000 AGGREGATE SUBLIMIT OF LIABILITY FOR ALL LEAGUES, COMBINED, UNDER THE MASTER D&O POLICY, FOR ALL LOSS ARISING FROM ALL CLASS ACTION CLAIMS AND COMMON LEAGUE CLAIMS, AS MORE FULLY DESCRIBED IN ENDORSEMENT #34 OF THE MASTER D&O POLICY.

**SUBJECT TO \$5,000,000 AGGREGATE SUBLIMIT OF LIABILITY FOR ALL LEAGUES, COMBINED, UNDER THE MASTER CYBER POLICY, FOR SPECIFIED DEFENSE COSTS, AS MORE FULLY DESCRIBED IN ENDORSEMENT #34 OF THE MASTER DATE OF THE MASTER CYBER POLICY.

ENDORSEMENT #14 OF THE MASTER CYBER POLICY.

INSR LTR	ADD'L NAMED INSRD		TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIN	NITS
			GENERAL LIABILITY				EACH OCCURRENCE	\$3,000,000
С	Х	X	OCCURRENCE	011405745	01/01/2022	01/01/2023	GENERAL AGGREGATE	\$3,000,000
		X	INCL PARTICIPANTS	Property Damage	e Deductible: \$250		PRODUCTS/COMP OPS AGGREGATE	\$3,000,000
		Χ	SEXUAL ABUSE				Sexual Abuse OCCURRENCE	\$1,000,000
		^	SEXUAL ABUSE				Sexual Abuse AGGREGATE	\$1,000,000
			MEDICAL PAYMENTS				Any One Person	
	, , , , , , , , , , , , , , , , , , ,			018235622	01/01/2022	01/01/2023	EACH LOSS	\$1,000,000 *
С	Х		DIRECTORS & OFFICERS	018235622	01/01/2022	01/01/2023	AGGREGATE	\$1,000,000
С	Х	CYBER LIABILITY COVERAGE		CYBER LIABILITY COVERAGE 017355170 01/01/2022 01/01/2023		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	T GEIGT INGENTION	T GEIGT INGEN TIGHT
	EM	EVI	ENT MANAGEMENT INSURANCE		AGUE SUBLIMIT O	F LIABILITY **	NOT APPLICABLE	POLICY INCEPTION
С	Х	CRIME COVERAGE		9472629	01/01/2022	01/01/2023	EACH LOSS	\$35,000
				Crime Deductible	Crime Deductible: \$250 Property/\$1,000 Money			NONE
В	Х		PORTS EXCESS ACCIDENT	SRG9105434	01/01/2022	01/01/2023	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. AUTHORIZED KEPRESENTATIVE

DISCLAIMER



DATE (MM/DD/YYYY) 11/6/2021

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	nis certificate does not confer rights t				ıch en	dorsement(s).	equile un endorsemen		
PRODUCER					CONTA NAME:	David IIV	vin			
Ke	ystone Risk Managers, LLC				PHONE (A/C, No	o, Ext): (570) 4	473-2150	FAX (A/C, No):	(570)	473-2151
199	95 Point Township Drive				E-MAIL ADDRE	ss: DIrwin@	Keystoneins	grp.com		
						INS	SURER(S) AFFOR	DING 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 E	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	AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT	OR OTHER I	DOCUMENT WITH RESPE HEREIN IS SUBJECT TO	CT TO	WHICH THIS
INSR LTR		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		011405745		01/01/2022	01/01/2023	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 di dooidont)	\$	
	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				CANO	ELLATION				
М	laplezone Sports Institute				THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE C EREOF, NOTICE WILL I		

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Garnet Valley

1451 Conchester Hwy

PA 19061

AUTHORIZED REPRESENTATIVE

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) 11/06/21					
Keystone Risk Managers, LLC 1995 Point Township Drive	CERTIFICATE #	<i>‡</i> : 2080208-2022-1	2 08 02			
Northumberland, PA 17867	INSURERS AF	INSURERS AFFORDING COVERAGE:				
ADDITIONAL NAMED INSURED:	INSURER A:	Lexington Insurance C	Company			
NAAMANS LL	INSURER B:	National Union Fire Ins	surance Company of			
MICHAEL DONOVAN	(Non-Liability)	Pittsburgh, PA				
616 BERWICK RD Wilmington, DE 19803	INSURER C:	AIG Specialty Insurance	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.

*SUBJECT TO \$5,000,000 AGGREGATE SUBLIMIT OF LIABILITY FOR ALL LEAGUES, COMBINED, UNDER THE MASTER D&O POLICY, FOR ALL LOSS ARISING FROM ALL CLASS ACTION CLAIMS AND COMMON LEAGUE CLAIMS, AS MORE FULLY DESCRIBED IN ENDORSEMENT #34 OF THE MASTER D&O POLICY.

**SUBJECT TO \$5,000,000 AGGREGATE SUBLIMIT OF LIABILITY FOR ALL LEAGUES, COMBINED, UNDER THE MASTER CYBER POLICY, FOR SPECIFIED DEFENSE COSTS, AS MORE FULLY DESCRIBED IN ENDORSEMENT #34 OF THE MASTER DATE OF THE MASTER CYBER POLICY.

ENDORSEMENT #14 OF THE MASTER CYBER POLICY.

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	011405745	01/01/2022	01/01/2023	GENERAL AGGREGATE	\$3,000,000
		X INCL PARTICIPANTS		Property Damage	e Deductible: \$250		PRODUCTS/COMP OPS AGGREGATE	\$3,000,000
		Χ	SEXUAL ABUSE				Sexual Abuse OCCURRENCE	\$1,000,000
		^	SEXUAL ADUSE				Sexual Abuse AGGREGATE	\$1,000,000
			MEDICAL PAYMENTS				Any One Person	
	.,	DIRECTORS & OFFICERS		018235622	01/01/2022	01/01/2023	EACH LOSS	\$1,000,000 *
С	Х			010233022 01/01/2022 01/0		01/01/2023	AGGREGATE	\$1,000,000
С	Х	CY	BER LIABILITY COVERAGE	RAGE 017355170 01/01/2022 01/01/202		01/01/2023	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 INCLESTION	FOLICT INCLETION
	EM	EVI	ENT MANAGEMENT INSURANCE		AGUE SUBLIMIT O	F LIABILITY **	NOT APPLICABLE	POLICY INCEPTION
С	Х	CRIME COVERAGE		9472629	01/01/2022	01/01/2023	EACH LOSS	\$35,000
				Crime Deductible	Crime Deductible: \$250 Property/\$1,000 Money			NONE
В	Х		PORTS EXCESS ACCIDENT	SRG9105434	01/01/2022	01/01/2023	As in Master Policy: Med. Max. \$100,000 Deductible \$50	As in Master Policy Excess

<u>'INDICATES COVERAGE(S) SELECTED FOR ADDITIONAL NAMED INSURED</u>

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:

New Castle County Parks and Recreation 67 Reads Wav 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. AUTHORIZED REPRESENTATIVE

DISCLAIMER



DATE (MM/DD/YYYY) 11/6/2021

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.

Point Township Drive	iii. As	tatement on				
Point Township Drive						
Point Township Drive						
Northumberland PA 17867 INSURER A: Lexington Insurance Company INSURER B: AIG Specialty Insurance Company INSURER C:	-					
Little League Baseball Risk Purchasing Group, Incorporated NAAMANS LL 616 BERWICK RD Wilmington DE 19803 THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESP CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. NOT COMMERCIAL GENERAL LIABILITY		NAIC#				
Little League Baseball Risk Purchasing Group, Incorporated NAAMANS LL 616 BERWICK RD Wilmington DE 19803 INSURER E: Wilmington DE 19803 INSURER F: COVERAGES CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESP CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. NSR		19437				
NAAMANS LL 616 BERWICK RD Wilmington DE 19803 INSURER E: Wilmington DE 19803 INSURER F: COVERAGES CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESP CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INSURER E: REVISION NUMBER: REVISION NUMBER: POLICIES DESCRIBED HEREIN IS SUBJECT EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. POLICY SEPT POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) LIMITS COMMERCIAL GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR MED EXP (Any one person)		26883				
616 BERWICK RD Wilmington DE 19803 INSURER E: INSURER F: COVERAGES CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESP CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INSIR TYPE OF INSURANCE ADDIC SUCH POLICY NUMBER (MM/DD/YYYY) (MM/DD/YYYY) LIMITS COMMERCIAL GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR MED EXP (Any one person)						
Wilmington DE 19803 INSURER F: COVERAGES CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESP CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INST TYPE OF INSURANCE ADDITIONS POLICY NUMBER POLICY FEFF (MM/DD/YYY) EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person)						
COVERAGES CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESP CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INST TYPE OF INSURANCE ADDLISUBR INSD WYD POLICY NUMBER CLAIMS-MADE CLAIMS-MADE OCCUR MED EXP (Any one person)						
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESP CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INSR TYPE OF INSURANCE ADDLISUBR INSD WYD POLICY NUMBER POLICY SEFF (MM/DD/YYYY) POLICY SEFF (MM/DD/YYYY) EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person)						
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESP CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. NSR						
LTR TYPE OF INSURANCE INSD WVD POLICY NUMBER (MM/DD/YYYY) (MM/DD/YYYY) LIN COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE	ECT TO	WHICH THIS				
CLAIMS-MADE X OCCUR MED EXP (Any one person)	MITS					
CLAIMS-MADE A OCCUR PREMISES (Ea occurrence) MED EXP (Any one person)	\$	3,000,000				
N	\$	300,000				
$R = \{ X = \{ 0.11405745 \} \} \{ 0.114017002 \} \{ 0.11$	\$	Excluded				
TENSONAL WARD INSIGN	\$	3,000,000				
GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE GENERAL AGGREGATE	\$	3,000,000				
PRODUCTS - COMP/OP AGO		3,000,000				
X OTHER: Per League SEXUAL ABUSE OCC/AGG AUTOMOBIL FLABILITY COMBINED SINGLE LIMIT	\$	1M/\$1M				
(Ea accident)	\$					
ANY AUTO OWNED SCHEDULED BODILY INJURY (Per person) BODILY INJURY (Per accident						
UWNED SCHEDUED AUTOS ONLY AUTOS ONLY AUTOS ONLY HIRED NON-OWNED BODILY INJURY (Per accider PROPERTY DAMAGE	nt) \$					
AUTOS ONLY AUTOS ONLY (Per accident)	\$					
UMBRELLA LIAB OCCUIP						
EXCITOCOMILENCE	\$					
AGGICATE AGGICATE	\$					
DED RETENTION\$ PER OTH-						
AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE STATUTE ER	\$					
OFFICER/MEMBER EXCLUDED? (Mandatory in NH) N/A	T ·					
If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMI						
DESCRIPTION OF OPERATIONS DELOW	ΙΨ					
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 CANCELLATION						
New Castle County Parks and Recreation SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE THE EXPIRATION DATE THEREOF, NOTICE WILL ACCORDANCE WITH THE POLICY PROVISIONS.						

New Castle

DE 19702

AUTHORIZED REPRESENTATIVE

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) 11/06/21						
Keystone Risk Managers, LLC 1995 Point Township Drive	CERTIFICATE #	CERTIFICATE #: 2080208-2022-1					
Northumberland, PA 17867	INSURERS AF	INSURERS AFFORDING COVERAGE:					
ADDITIONAL NAMED INSURED:	INSURER A:	Lexington Insurance C	ompany				
NAAMANS LL	INSURER B:	National Union Fire Ins	urance Company of				
MICHAEL DONOVAN	(Non-Liability)	Pittsburgh, PA					
616 BERWICK RD 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.

*SUBJECT TO \$5,000,000 AGGREGATE SUBLIMIT OF LIABILITY FOR ALL LEAGUES, COMBINED, UNDER THE MASTER D&O POLICY, FOR ALL LOSS ARISING FROM ALL CLASS ACTION CLAIMS AND COMMON LEAGUE CLAIMS, AS MORE FULLY DESCRIBED IN ENDORSEMENT #34 OF THE MASTER D&O POLICY.

**SUBJECT TO \$5,000,000 AGGREGATE SUBLIMIT OF LIABILITY FOR ALL LEAGUES, COMBINED, UNDER THE MASTER CYBER POLICY, FOR SPECIFIED DEFENSE COSTS, AS MORE FULLY DESCRIBED IN ENDORSEMENT #34 OF THE MASTER DATE OF THE MASTER CYBER POLICY.

ENDORSEMENT #14 OF THE MASTER CYBER POLICY.

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	011405745	01/01/2022	01/01/2023	GENERAL AGGREGATE	\$3,000,000
		X	INCL PARTICIPANTS	Property Damage	e Deductible: \$250		PRODUCTS/COMP OPS AGGREGATE	\$3,000,000
		Χ	SEXUAL ABUSE				Sexual Abuse OCCURRENCE	\$1,000,000
		^	SEXUAL ADUSE				Sexual Abuse AGGREGATE	\$1,000,000
			MEDICAL PAYMENTS				Any One Person	
	.,		DIRECTORS & OFFICERS 018235622 01/01/2022 01/01/2023		EACH LOSS	\$1,000,000 *		
С	Х		DIRECTORS & OFFICERS	010200022 01/01/2022 01/01/2020			AGGREGATE	\$1,000,000
С	Х	CY	CYBER LIABILITY COVERAGE 017355170 01/01/2022 01/01/2023		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 INCLESTION	FOLICT INCLETION
	EM	EVI	ENT MANAGEMENT INSURANCE		AGUE SUBLIMIT O	F LIABILITY **	NOT APPLICABLE	POLICY INCEPTION
С	Х		CRIME COVERAGE	9472629	01/01/2022	01/01/2023	EACH LOSS	\$35,000
		32 337217102		Crime Deductible	e: \$250 Property/\$1	,000 Money	AGGREGATE	NONE
В	Х		PORTS EXCESS ACCIDENT	SRG9105434	01/01/2022	01/01/2023	As in Master Policy: Med. Max. \$100,000 Deductible \$50 As in Master Po Excess	

<u>'INDICATES COVERAGE(S) SELECTED FOR ADDITIONAL NAMED INSURED</u>

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. AUTHORIZED KEPRESENTATIVE

DISCLAIMER



DATE (MM/DD/YYYY) 11/6/2021

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, su this certificate does not confer rig	bject to t	he te	rms and conditions of th	e polic	cy, certain po	olicies may	•	nent. A	statement on
PRODUCER				CONTA NAME:	ст David Irv	vin			
Keystone Risk Managers, LLC				PHONE (A/C, No	o. Ext): (570) 4	473-2150	FAX (A/C,	No): (57	(0) 473-2151
1995 Point Township Drive				E-MAIL ADDRE	ss: Dlrwin@	Keystoneins			
					INS	SURER(S) AFFOR	DING COVERAGE		NAIC#
Northumberland			PA 17867	INSURE	RA: Lexingto	on Insurance	Company		19437
INSURED				INSURE	RB: AIG Spe	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:				
COVERAGES	CERTIFI	CATE	NUMBER:				REVISION NUMBER	₹:	
THIS IS TO CERTIFY THAT THE POL INDICATED. NOTWITHSTANDING AN CERTIFICATE MAY BE ISSUED OR EXCLUSIONS AND CONDITIONS OF S	NY REQUIF MAY PERT SUCH POLI	REME AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RES	SPECT T	O WHICH THIS
INSR LTR TYPE OF INSURANCE		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	L	LIMITS	
COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	3,000,000
CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence	e) \$	300,000
							MED EXP (Any one person)) \$	Excluded
В	X		011405745		01/01/2022	01/01/2023	PERSONAL & ADV INJURY	Y \$	3,000,000

	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 3,000,00	١0
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,00	0
							MED EXP (Any one person)	\$ Exclude	:d
В		Χ		011405745	01/01/2022	01/01/2023	PERSONAL & ADV INJURY	\$ 3,000,00	0
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,00	0
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 3,000,00	0
	X OTHER: Per League						SEXUAL ABUSE OCC/AGG	\$ 1M/\$1N	М
	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 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 T/N	N/A					E.L. EACH ACCIDENT	\$	
	(Mandatory in NH)	117.7					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	attached if more	e space is require	ed)		
Cei	tificate Holder is named as Additional In	sure	d per	form CG 2026 (04/13)					

CERTIFICATE HOLDER	CANCELLATION	
Siegel JCC		CRIBED POLICIES BE CANCELLED BEFORE OF, NOTICE WILL BE DELIVERED IN ROVISIONS.
101 Garden of Eden Rd Wilmington	DE 19810 AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE	e Ci
	V @ 4000 2045 ACOD	D CODDODATION 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):

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) 11/06/21				
Keystone Risk Managers, LLC 1995 Point Township Drive	CERTIFICATE #	t: 2080208-2022-1 2 08 02			
Northumberland, PA 17867	INSURERS AF	FFORDING COVERAGE:			
ADDITIONAL NAMED INSURED:	INSURER A:	Lexington Insurance Company			
NAAMANS LL	INSURER B:	National Union Fire Insurance Company of	f		
MICHAEL DONOVAN	(Non-Liability)	Pittsburgh, PA			
616 BERWICK RD 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 THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED MANDED 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.

*SUBJECT TO \$5,000,000 AGGREGATE SUBLIMIT OF LIABILITY FOR ALL LEAGUES, COMBINED, UNDER THE MASTER D&O POLICY, FOR ALL LOSS ARISING FROM ALL CLASS ACTION CLAIMS AND COMMON LEAGUE CLAIMS, AS MORE FULLY DESCRIBED IN ENDORSEMENT #34 OF THE MASTER D&O POLICY.

**SUBJECT TO \$5,000,000 AGGREGATE SUBLIMIT OF LIABILITY FOR ALL LEAGUES, COMBINED, UNDER THE MASTER CYBER POLICY, FOR SPECIFIED DEFENSE COSTS, AS MORE FULLY DESCRIBED IN ENDORSEMENT #34 OF THE MASTER D&O POLICY.

ENDORSEMENT #14 OF THE MASTER CYBER POLICY.

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	011405745	01/01/2022	01/01/2023	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 018235622 01/01/2022 01/01/2023		EACH LOSS	\$1,000,000 *		
С	Х		DIRECTORS & OFFICERS	010203022 01/01/2022 01/01/2023			AGGREGATE	\$1,000,000
С	Х	CY	CYBER LIABILITY COVERAGE 0173		01/01/2022	01/01/2023	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	\$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		9472629	01/01/2022	01/01/2023	EACH LOSS	\$35,000
				Crime Deductible	Crime Deductible: \$250 Property/\$1,000 Money			NONE
В	Х	SPORTS EXCESS ACCIDENT		SRG9105434	01/01/2022	01/01/2023	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. AUTHORIZED REPRESENTATIVE

DISCLAIMER



DATE (MM/DD/YYYY) 11/6/2021

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.

	SUBROGATION IS WAIVED, subject nis certificate does not confer rights t				•	•	•	require an endo	rsement	. A st	tatement on
PRO	DUCER				CONTA NAME:	CT David Irv	vin				
Ke	ystone Risk Managers, LLC				PHONE (A/C, No	p. Ext): (570) 4	173-2150		FAX (A/C, No):	(570)	473-2151
199	95 Point Township Drive				E-MAIL ADDRE	Diragin@	Keystoneinso		, , , , , ,		
							URER(S) AFFOR	DING COVERAGE			NAIC#
No	rthumberland			PA 17867	INSURE	Landa at	on Insurance				19437
INSU	IRED				INSURE	RB: AIG Spe	ecialty Insura	nce Company			26883
	Little League Baseball Risk F	Purch	asing	Group, Incorporated	INSURE	ER C :					
	NAAMANS LL				INSURE	RD:					
	616 BERWICK RD				INSURE	RE:					
	Wilmington			DE 19803	INSURE	RF:					
CO	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUM	IBER:		
IN C E	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT POLI	AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIES REDUCED BY I	OR OTHER IS DESCRIBED PAID CLAIMS.	DOCUMENT WITH	RESPEC	OT TO	WHICH THIS
INSR LTR		INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	S	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENC DAMAGE TO RENTE		\$	3,000,000
	CLAIMS-MADE X OCCUR							PREMISES (Ea occu		\$	300,000
								MED EXP (Any one p	erson)	\$	Excluded
В		X		011405745		01/01/2022	01/01/2023	PERSONAL & ADV II	NJURY	\$	3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	ATE	\$	3,000,000
	POLICY PRO- JECT LOC							PRODUCTS - COMP	/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	r person)	\$	
	OWNED SCHEDULED AUTOS							BODILY INJURY (Pe	′ I	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	E	\$	
										\$	
	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 OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDEN	IT	\$	
	(Mandatory in NH)							E.L. DISEASE - EA E	MPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLI	CY LIMIT	\$	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORD	101, Additional Remarks Schedul	le, may b	e attached if more	e space is require	ed)			
0-	viifiaata Haldavia naassal sa Aalalii's sa L		d	form CC 2020 (04/42)							
Сe	rtificate Holder is named as Additional Ir	isure	u per	101111 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 Jenn
		© 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) 11/06/21						
Keystone Risk Managers, LLC 1995 Point Township Drive	CERTIFICATE #	CERTIFICATE #: 2080208-2022-1					
Northumberland, PA 17867	INSURERS AF	INSURERS AFFORDING COVERAGE:					
ADDITIONAL NAMED INSURED:	INSURER A:	Lexington Insurance C	ompany				
NAAMANS LL	INSURER B:	National Union Fire Ins	urance Company of				
MICHAEL DONOVAN	(Non-Liability)	Pittsburgh, PA					
616 BERWICK RD 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.

*SUBJECT TO \$5,000,000 AGGREGATE SUBLIMIT OF LIABILITY FOR ALL LEAGUES, COMBINED, UNDER THE MASTER D&O POLICY, FOR ALL LOSS ARISING FROM ALL CLASS ACTION CLAIMS AND COMMON LEAGUE CLAIMS, AS MORE FULLY DESCRIBED IN ENDORSEMENT #34 OF THE MASTER D&O POLICY.

**SUBJECT TO \$5,000,000 AGGREGATE SUBLIMIT OF LIABILITY FOR ALL LEAGUES, COMBINED, UNDER THE MASTER CYBER POLICY, FOR SPECIFIED DEFENSE COSTS, AS MORE FULLY DESCRIBED IN ENDORSEMENT #34 OF THE MASTER DATE OF THE MASTER CYBER POLICY.

ENDORSEMENT #14 OF THE MASTER CYBER POLICY.

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	011405745	01/01/2022	01/01/2023	GENERAL AGGREGATE	\$3,000,000
		X INCL PARTICIPANTS		Property Damage	e Deductible: \$250	PRODUCTS/COMP OPS AGGREGATE Sexual Abuse	\$3,000,000	
		X SEXUAL ABUSE		CEVIIAL ADJICE				\$1,000,000
							Sexual Abuse AGGREGATE	\$1,000,000
			MEDICAL PAYMENTS				Any One Person	
	.,			018235622	01/01/2022	01/01/2023	EACH LOSS	\$1,000,000 *
С	Х		DIRECTORS & OFFICERS	016233622	01/01/2022	01/01/2023	AGGREGATE	\$1,000,000
С	Х	CYBER LIABILITY COVERAGE		017355170	01/01/2022 01/01/2023		LIMIT OF LIABILITY CLAIMS MADE	\$100,000 PER LEAGUE AGGREGATE
	S&P	SE	CURITY AND PRIVACY LIABILITY INSURANCE	\$100,000 PER LE \$1,000 PER LEAG	AGUE SUBLIMIT O	RETROACTIVE DATE POLICY INCEPTION	CONTINUITY DATE POLICY INCEPTION	
		REC	GULATORY ACTION SUBLIMIT OF LIABILITY		AGUE SUBLIMIT O	POLICE INCLESTION	FOLICT INCLETION	
	EM	EVI	ENT MANAGEMENT INSURANCE		AGUE SUBLIMIT O	NOT APPLICABLE	POLICY INCEPTION	
С	Х	CRIME COVERAGE		9472629	01/01/2022	01/01/2023	EACH LOSS	\$35,000
				Crime Deductible	e: \$250 Property/\$1	AGGREGATE	NONE	
В	Х		PORTS EXCESS ACCIDENT	SRG9105434	01/01/2022	01/01/2023	As in Master Policy: Med. Max. \$100,000 Deductible \$50	As in Master Policy Excess

<u>'INDICATES COVERAGE(S) SELECTED FOR ADDITIONAL NAMED INSURED</u>

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
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



DATE (MM/DD/YYYY) 11/6/2021

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

tŀ	nis c	ertificate does not confer rights to	o the	cert	ificate holder in lieu of si).				
PRO	DUCE	R				CONTA NAME:	ст David Irv	win				
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 #						
Nο	Northumberland PA 17867						RA: Lexington				19437	
	JRED	incitatio			17 17007							
INSC	JKED	L'ula Las aux Basahall B'al E	I.	•	0	INSURER B: AIG Specialty Insurance Company 26883						
		Little League Baseball Risk F	urcn	asıng	Group, incorporated	INSURE	RC:					
		NAAMANS LL				INSURE	R D :					
		616 BERWICK RD				INSURE	RE:					
		Wilmington			DE 19803	INSURE	RF:					
СО	VER	AGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:			
IN C	IDIC/ ERTI	S TO CERTIFY THAT THE POLICIES ATED. NOTWITHSTANDING ANY RE FICATE MAY BE ISSUED OR MAY I JSIONS AND CONDITIONS OF SUCH	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN' ED BY	Y CONTRACT THE POLICIE	OR OTHER DESCRIBED	OCUMENT WITH RESPE	CT TO	WHICH THIS	
INSR LTR		TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
LIIX	X	COMMERCIAL GENERAL LIABILITY	INSD	WVD	TOLIOT NOMBLIX		(WINITED) TTTT	(MINI/DD/1111)	EACH OCCURRENCE	\$	3,000,000	
		CLAIMS-MADE X OCCUR							DAMAGE TO RENTED	\$	300,000	
		CLAIMS-MADE \(\times \) OCCUR							PREMISES (Ea occurrence)		Excluded	
			Х		044405745		04/04/0000	04/04/0000	MED EXP (Any one person)	\$		
В			^		011405745		01/01/2022	01/01/2023	PERSONAL & ADV INJURY	\$	3,000,000	
	GEN	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	3,000,000	
	L	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	3,000,000	
	X	OTHER: Per League							SEXUAL ABUSE OCC/AGG	\$	1M/\$1M	
	AUT	TOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
		ANY AUTO							BODILY INJURY (Per person)	\$		
		OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$		
		HIRED NON-OWNED							PROPERTY DAMAGE (Per accident)	\$		
		AUTOS ONLY AUTOS ONLY							(Fel accident)	\$		
		UMBRELLA LIAB OCCUB							EAGU GOOLIDDENGE	•		
		EVOCOR LIAB							EACH OCCURRENCE	\$		
		CLAIIVIS-IVIADE							AGGREGATE	\$		
	WOE	DED RETENTION \$ RKERS COMPENSATION							PER OTH-	\$		
	AND	EMPLOYERS' LIABILITY Y / N							PER OTH- STATUTE ER			
		PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
	(Mar	ndatory in NH) s, describe under							E.L. DISEASE - EA EMPLOYEE	\$		
		CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
DES	CRIPT	TION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORD	101, Additional Remarks Schedu	le, may b	e attached if more	e space is require	ed)			
Се	rtifica	ate Holder is named as Additional In	sure	d per	form CG 2026 (04/13)							
CE	RTIF	FICATE HOLDER				CANO	CELLATION					
Tatnall 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.							
1	1501 Barley Mill Rd					AUTHORIZED DEDDEGEN TIME						

Wilmington

DE 19807

AUTHORIZED REPRESENTATIVE

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) 11/06/21					
Keystone Risk Managers, LLC 1995 Point Township Drive	CERTIFICATE #	2 08 02				
Northumberland, PA 17867	INSURERS AF	INSURERS AFFORDING COVERAGE:				
ADDITIONAL NAMED INSURED:	INSURER A:	Lexington Insurance C	ompany			
NAAMANS LL	INSURER B:	National Union Fire Ins	surance Company of			
MICHAEL DONOVAN	(Non-Liability)	Pittsburgh, PA	-			
616 BERWICK RD Wilmington, DE 19803	INSURER C:	AIG Specialty Insurance	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 THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED MANDED 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.

*SUBJECT TO \$5,000,000 AGGREGATE SUBLIMIT OF LIABILITY FOR ALL LEAGUES, COMBINED, UNDER THE MASTER D&O POLICY, FOR ALL LOSS ARISING FROM ALL CLASS ACTION CLAIMS AND COMMON LEAGUE CLAIMS, AS MORE FULLY DESCRIBED IN ENDORSEMENT #34 OF THE MASTER D&O POLICY.

**SUBJECT TO \$5,000,000 AGGREGATE SUBLIMIT OF LIABILITY FOR ALL LEAGUES, COMBINED, UNDER THE MASTER CYBER POLICY, FOR SPECIFIED DEFENSE COSTS, AS MORE FULLY DESCRIBED IN ENDORSEMENT #34 OF THE MASTER D&O POLICY.

ENDORSEMENT #14 OF THE MASTER CYBER POLICY.

INSR LTR	ADD'L NAMED INSRD		TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS		
		X OCCURRENCE X INCL PARTICIPANTS X SEXUAL ABUSE					EACH OCCURRENCE	\$3,000,000	
С	Χ			011405745	01/01/2022	01/01/2023	GENERAL AGGREGATE	\$3,000,000	
				Property Damage	e Deductible: \$250	PRODUCTS/COMP OPS AGGREGATE	\$3,000,000		
				CEVIAL ADJOE		Sexual Abuse OCCURRENCE	\$1,000,000		
							Sexual Abuse AGGREGATE	\$1,000,000	
			MEDICAL PAYMENTS			Any One Person			
				018235622 01/01/2022 01/01/2023		EACH LOSS	\$1,000,000 *		
С	Х	l	DIRECTORS & OFFICERS	010233022	01/01/2022	01/01/2023	AGGREGATE	\$1,000,000	
С	Х	CYBER LIABILITY COVERAGE		017355170	01/01/2022	01/01/2023	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	X	CRIME COVERAGE		9472629 01/01/2022 01/01/2023		EACH LOSS	\$35,000		
				Crime Deductible	e: \$250 Property/\$1	AGGREGATE	NONE		
В	Х	-	PORTS EXCESS ACCIDENT	SRG9105434	01/01/2022	01/01/2023	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. AUTHORIZED KEPRESENTATIVE

DISCLAIMER



DATE (MM/DD/YYYY) 11/6/2021

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).

	is certificate does not confer rights to							equire an endorsement	. A St	atement on
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 ADDRE	ss: DIrwin@	Keystoneinso				
				INSURER(S) AFFORDING COVERAGE NAI						
No	rthumberland			PA 17867	INSURE		on Insurance			19437
INSU	IRED				INSURE	RB: AIG Spe	ecialty Insura	nce Company		26883
	Little League Baseball Risk P	urch	asing	Group, Incorporated	INSURE	R C :				
	NAAMANS LL				INSURE	RD:				
	616 BERWICK RD				INSURER E :					
	Wilmington			DE 19803	INSURE	RF:				
CO	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
IN C E	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY FUNCLUSIONS AND CONDITIONS OF SUCH	QUIR PERT POLIC	REMEN AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIES REDUCED BY F	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH 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	
	CLAIMS-MADE OCCUR							EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	3,000,000
								MED EXP (Any one person)	\$	Excluded
В		Χ	011405745			01/01/2022	01/01/2023	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							BODILY INJURY (Per accident)	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
	UMBRELLA LIAB OCCUP								-	_
	Exerce Lie Coccor							EACH OCCURRENCE	\$	
	CEATIVISTIVIADE							AGGREGATE	\$	
	DED RETENTION \$ WORKERS COMPENSATION							PER OTH- STATUTE ER	\$	
	AND EMPLOYERS' LIABILITY Y/N							· · ·	•	
	OI I IOEI (MIEMBER EXCEODED)	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE		
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
DES	LCRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORD	101. Additional Remarks Schedul	le. mav 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)									
					0					
CE	RTIFICATE HOLDER				CANO	CELLATION				

CERTIFICATE HOLDER

Wilmington Friends School

Wilmington Friends School

101 School Road

Wilmington

DE 19803

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.

AUTHORIZED REPRESENTATIVE

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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):

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.