CERTIFICATE OF	DATE (MM/DD/YY) 11/01/22			
Keystone Risk Managers, LLC 1995 Point Township Drive	CERTIFICATE #	2 08 02		
Northumberland, PA 17867	INSURERS AFFORDING COVERAGE:			
ADDITIONAL NAMED INSURED:	INSURER A:	Lexington Insurance C	ompany	
NAAMANS LL	INSURER B:	National Union Fire Ins	surance Company of	
616 BERWICK RD	(Non-Liability)	Pittsburgh, PA		
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 #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	IITS
			GENERAL LIABILITY				EACH OCCURRENCE	\$3,000,000
С	Χ	X	OCCURRENCE	011405747	01/01/2023	01/01/2024	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
		^	OEXONE ABOOL				Sexual Abuse AGGREGATE	\$1,000,000
			MEDICAL PAYMENTS				Any One Person	
		DIRECTORS & OFFICERS		DIRECTORS & OFFICERS 015454400 01/01/2023 01/01/2024		01/01/2024	EACH LOSS	\$1,000,000 *
С	Х					AGGREGATE	\$1,000,000	
С	Х	CYBER LIABILITY COVERAGE		015440383	01/01/2023	01/01/2024	LIMIT OF LIABILITY CLAIMS MADE	\$100,000 PER LEAGUE AGGREGATE
	S&P	SECURITY 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 OLIOT INOLI TION
	EM	EV	ENT MANAGEMENT INSURANCE		AGUE SUBLIMIT O	F LIABILITY **	NOT APPLICABLE	POLICY INCEPTION
С	Х		CRIME COVERAGE	9472684	01/01/2023	01/01/2024	EACH LOSS	\$35,000
				Crime Deductible	e: \$250 Property/\$1	,000 Money	AGGREGATE	NONE
В	Х	SF	PORTS EXCESS ACCIDENT	SRG9105434	01/01/2023	01/01/2024	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:

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

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		DATE (MM/DD/YY) 11/01/22		
Keystone Risk Managers, LLC 1995 Point Township Drive	CERTIFICATE #	2 08 02		
Northumberland, PA 17867	INSURERS AFFORDING COVERAGE:			
ADDITIONAL NAMED INSURED:	INSURER A:	Lexington Insurance Co	mpany	
NAAMANS LL	INSURER B:	National Union Fire Insu	rance Company of	
616 BERWICK RD	(Non-Liability)	Pittsburgh, PA		
Wilmington, DE 19803	INSURER C:	AIG Specialty Insurance	Company	

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

*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	011405747	01/01/2023	01/01/2024	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	
				015454400	01/01/2023	01/01/2024	EACH LOSS	\$1,000,000 *
С	Х	DIRECTORS & OFFICERS		010404400 01/01/2020 01/01/2		01/01/2024	AGGREGATE	\$1,000,000
С	Х	CYBER LIABILITY COVERAGE		015440383	01/01/2023	01/01/2024	LIMIT OF LIABILITY CLAIMS MADE	\$100,000 per LEAGUE AGGREGATE
	S&P	SEC	CURITY AND PRIVACY LIABILITY INSURANCE	\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY ** \$1,000 PER LEAGUE RETENTION			RETROACTIVE DATE POLICY INCEPTION	CONTINUITY DATE POLICY INCEPTION
		REG	GULATORY ACTION SUBLIMIT OF LIABILITY		AGUE SUBLIMIT O	F LIABILITY	FOLICY INCEPTION	FOLICY INCEPTION
	EM	EVI	ENT MANAGEMENT INSURANCE		AGUE SUBLIMIT O	F LIABILITY **	NOT APPLICABLE	POLICY INCEPTION
С	Х	CRIME COVERAGE		9472684	01/01/2023	01/01/2024	EACH LOSS	\$35,000
				Crime Deductible: \$250 Property/\$1,000 Money			AGGREGATE	NONE
В	х	-	PORTS EXCESS ACCIDENT	SRG9105434	01/01/2023	01/01/2024	As in Master Policy: Med. Max. \$100,000 Deductible \$50	As in Master Policy Excess

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

ADDITIONAL INSURED

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

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

NAME AND ADDRESS OF PERSON OR ORGANIZATION:

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

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.
	Laur your
	AUTHORIZED REPRESENTATIVE

DISCLAIMER



DATE (MM/DD/YYYY) 11/1/2022

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, this certificate does not confer	•					•	equire an endor	sement.	A sta	atement on
PRODUCER				CONTAC NAME:	T David Irv	win				
Keystone Risk Managers, LLC				PHONE (A/C, No.	Ext): (570) 4	473-2150	i (FAX (A/C, No):	(570)	473-2151
1995 Point Township Drive				E-MAIL ADDRES	s: Dlrwin@	Keystoneins	grp.com			
					INS	SURER(S) AFFOR	DING COVERAGE			NAIC#
Northumberland			PA 17867	INSURER	A: Lexington	on Insurance	Company			19437
INSURED				INSURER	B: AIG Sp	ecialty Insura	nce Company			26883
Little League Baseba	all Risk Purcha	asing	Group, Incorporated	INSURER	C:					
NAAMANS LL				INSURER	D:					
616 BERWICK RD				INSURER	E:					
Wilmington			DE 19803	INSURER	F:					
COVERAGES	CERTIFIC	ATE	NUMBER:				REVISION NUM	BER:		
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.										
INSR LTR TYPE OF INSURANCE	ADDL :		POLICY NUMBER	(POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	3	
X COMMERCIAL GENERAL LIABIL	TY						EACH OCCURRENCE	_	\$	3,000,000

LTR TTPE OF INSURANCE		INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	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		011405747	01/01/2023	01/01/2024	PERSONAL & ADV INJURY	\$ 3,000,000
	GEN	I'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
	AUT	OMOBILE 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 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	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)								
Ca	Out!" and a Halder's account on Add!" and Leaves down (OO 2000 (OA/40))								
Ce	Certificate Holder is named as Additional Insured per form CG 2026 (04/13)								
CEI	RTIF	ICATE HOLDER			CANO	CELLATION			

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		AUTHORIZED REPRESENTATIVE
West Chester	PA 19382	Lain sin
		© 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):

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

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

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

However:

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

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

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

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

whichever is less.

CERTIFICATE OF		DATE (MM/DD/YY) 11/01/22		
Keystone Risk Managers, LLC 1995 Point Township Drive	CERTIFICATE #	2 08 02		
Northumberland, PA 17867	INSURERS AFFORDING COVERAGE:			
ADDITIONAL NAMED INSURED:	INSURER A:	Lexington Insurance Co	mpany	
NAAMANS LL	INSURER B:	National Union Fire Insu	rance Company of	
616 BERWICK RD	(Non-Liability)	Pittsburgh, PA		
Wilmington, DE 19803	INSURER C:	AIG Specialty Insurance	Company	

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

*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	Х	X	OCCURRENCE	011405747	01/01/2023	01/01/2024	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	
				015454400	01/01/2023	01/01/2024	EACH LOSS	\$1,000,000 *
С	Х	DIRECTORS & OFFICERS		013434400 0170172023 0170172024		AGGREGATE	\$1,000,000	
С	Х	CYBER LIABILITY COVERAGE		015440383	01/01/2023	01/01/2024	LIMIT OF LIABILITY CLAIMS MADE	\$100,000 PER LEAGUE AGGREGATE
	S&P	SE	CURITY AND PRIVACY LIABILITY INSURANCE		AGUE SUBLIMIT O	RETROACTIVE DATE POLICY INCEPTION	CONTINUITY DATE POLICY INCEPTION	
		REC	GULATORY ACTION SUBLIMIT OF LIABILITY		AGUE SUBLIMIT O	F LIABILITY	TOLIOT INOLI TION	T GEIGT INGEL TION
	EM	EV	ENT MANAGEMENT INSURANCE		AGUE SUBLIMIT O	F LIABILITY **	NOT APPLICABLE	POLICY INCEPTION
С	Х		CRIME COVERAGE	9472684	01/01/2023	01/01/2024	EACH LOSS	\$35,000
				Crime Deductible	e: \$250 Property/\$1	,000 Money	AGGREGATE	NONE
В	Х	SF	PORTS EXCESS ACCIDENT	SRG9105434	01/01/2023	01/01/2024	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 KEPRESENTATIVE

DISCLAIMER



DATE (MM/DD/YYYY) 11/1/2022

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 SUI	BROGATION IS WAIVED, subject ertificate does not confer rights	to th	he te	rms and conditions of th	e polic	cy, certain po	olicies may	•	ment.	statement	on
PRODUCE	ER .				CONTA NAME:	ст David Irv	vin				
Keysto	ne Risk Managers, LLC				PHONE (A/C, No	o. Ext): (570) 4	473-2150	FAX (A/C,	, No): (5	70) 473-2151	1
1995 P	oint Township Drive				E-MAIL ADDRE	Dimetic @	Keystoneins	grp.com			
						INS	SURER(S) AFFOR	RDING COVERAGE		NAIC	;#
Northur	mberland			PA 17867	INSURE	RA: Lexingto	on Insurance	Company		1943	37
INSURED					INSURE	RB: AIG Spe	ecialty Insura	nce Company		2688	33
	Little League Baseball Risk	Purch	asing	Group, Incorporated	INSURE	RC:					
	NAAMANS LL				INSURE	RD:					
	616 BERWICK RD				INSURE	RE:					
	Wilmington			DE 19803	INSURE	RF:					
COVER	RAGES CEF	TIFIC	CATE	NUMBER:				REVISION NUMBE	R:		
INDICA CERTI EXCLU	S TO CERTIFY THAT THE POLICIES ATED. NOTWITHSTANDING ANY RI IFICATE MAY BE ISSUED OR MAY JSIONS AND CONDITIONS OF SUCH	EQUIF PERT 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 RED HEREIN IS SUBJEC	SPECT	TO WHICH TH	HIS
INSR LTR	TYPE OF INSURANCE		SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS		
X	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	3,000),000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence	:e) \$	300	0,000
								MED EXP (Any one persor	n) \$	Exclu	uded
		1	1			1	I				

		HIRED AUTOS ONLY	NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
		AUTOS ONLY HIRED AUTOS ONLY	AUTOS NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
										\$
		UMBRELLA LIAB	OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB	CLAIMS-MADE						AGGREGATE	\$
		DED RETENTION							DED OTH	\$
		KERS COMPENSATION EMPLOYERS' LIABILIT							PER OTH- STATUTE ER	
	ANYF	PROPRIETOR/PARTNER CER/MEMBER EXCLUDE	/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$
	(Man	idatory in NH) s, describe under							E.L. DISEASE - EA EMPLOYEE	\$
	DES	CRIPTION OF OPERATI	ONS below						E.L. DISEASE - POLICY LIMIT	\$
DESC	RIPT	ION OF OPERATIONS /	LOCATIONS / VEHIC	LES (A	ACORD	101, Additional Remarks Schedule, may b	e attached if more	e space is require	ed)	
Cal	tifics	ata Holder is name	d as Additional Ir	SELIFA	d nar	form CG 2026 (04/13)				
Cei	liliGa	ate noider is name	u as Audilionai II	isuie	u pei	101111 CG 2026 (04/13)				
CEL	TIE	ICATE HOLDED				CAN	ELLATION		· ·	

CERTIFICATE HOLDER		CANCELLATION
Brandywine School District		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
1311 Brandywine Boulevard		AUTHORIZED REPRESENTATIVE
Wilmington	DE 19809	Lain sin
		© 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):

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) 11/01/22		
Keystone Risk Managers, LLC 1995 Point Township Drive	CERTIFICATE #	2080208-2023-1	2 08 02
Northumberland, PA 17867	INSURERS AF	FORDING COVERAGE	<u>:</u> :
ADDITIONAL NAMED INSURED:	INSURER A:	Lexington Insurance Co	ompany
NAAMANS LL	INSURER B:	National Union Fire Ins	urance Company of
616 BERWICK RD	(Non-Liability)	Pittsburgh, PA	
Wilmington, DE 19803	INSURER C:	AIG Specialty Insurance	e 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	Х	X	OCCURRENCE	011405747	01/01/2023	01/01/2024	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	
				015454400	01/01/2023	01/01/2024	EACH LOSS	\$1,000,000 *
С	Х		DIRECTORS & OFFICERS	015454400	01/01/2023	01/01/2024	AGGREGATE	\$1,000,000
С	Х	CY	BER LIABILITY COVERAGE	015440383	01/01/2023	01/01/2024	LIMIT OF LIABILITY CLAIMS MADE	\$100,000 PER LEAGUE AGGREGATE
	S&P	SE	CURITY AND PRIVACY LIABILITY INSURANCE		AGUE SUBLIMIT O	F LIABILITY **	RETROACTIVE DATE POLICY INCEPTION	CONTINUITY DATE POLICY INCEPTION
		REC	GULATORY ACTION SUBLIMIT OF LIABILITY		AGUE SUBLIMIT O	F LIABILITY	TOLIOT INOLI TION	T GEIGT INGEL TION
	EM	EV	ENT MANAGEMENT INSURANCE		AGUE SUBLIMIT O	F LIABILITY **	NOT APPLICABLE	POLICY INCEPTION
С	Х		CRIME COVERAGE	9472684	01/01/2023	01/01/2024	EACH LOSS	\$35,000
				Crime Deductible	e: \$250 Property/\$1	,000 Money	AGGREGATE	NONE
В	Х	SF	PORTS EXCESS ACCIDENT	SRG9105434	01/01/2023	01/01/2024	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) 11/1/2022

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.

If	SUB	RTANT: If the certificate holder in ROGATION IS WAIVED, subject Prificate does not confer rights to	to th	ne tei	rms and conditions of th	e polic	y, certain po	olicies may ı	•		
PROD	UCE	R				CONTA NAME:	ст David Irv	vin			
Key	ston	e Risk Managers, LLC				PHONE (A/C, No	o, Ext): (3/0) 2	173-2150	FAX (A/C, No):	(570)	473-2151
199	5 Pc	int Township Drive				E-MAIL ADDRE	ss: DIrwin@	Keystoneins	grp.com		
							INS	URER(S) AFFOR	DING COVERAGE		NAIC#
Nor	thun	nberland			PA 17867	INSURE		on Insurance			19437
INSU	RED					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				INSURE	RE:				
		Wilmington			DE 19803	INSURE	RF:				
CO	/ER	AGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
IN CE EX	DICA RTIF	S TO CERTIFY THAT THE POLICIES TED. NOTWITHSTANDING ANY RE FICATE MAY BE ISSUED OR MAY I SIONS AND CONDITIONS OF SUCH I	QUIF PERT POLI	REMEI AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN'	Y CONTRACT THE POLICIES REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPE	CT TO	WHICH THIS
INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	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			Χ		011405747		01/01/2023	01/01/2024	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
	AUT	OMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
		ANY AUTO							BODILY INJURY (Per person)		
									BODIET INSURT (Fel pelsoll)	\$	
		OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per accident)		
									` ' '		
		AUTOS ONLY AUTOS NON-OWNED							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$	
		AUTOS ONLY AUTOS NON-OWNED							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$	
		AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY							BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ \$	
		AUTOS ONLY HIRED AUTOS ONLY UMBRELLA LIAB OCCUR							BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) EACH OCCURRENCE	\$ \$ \$	

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
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 sin
<u> </u>	•	© 1000 2015 ACORD CORPORATION All rights received

PER STATUTE

E.L. EACH ACCIDENT

E.L. DISEASE - EA EMPLOYEE

E.L. DISEASE - POLICY LIMIT

\$

AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?

If yes, describe under DESCRIPTION OF OPERATIONS below

(Mandatory in NH)

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	LIABILITY INSURANCE		DATE (MM/DD/YY) 11/01/22	
Keystone Risk Managers, LLC 1995 Point Township Drive	CERTIFICATE #	±: 2080208-2023-1	2 08 02	
Northumberland, PA 17867	INSURERS AF	FORDING COVERAG	E:	
ADDITIONAL NAMED INSURED:	INSURER A:	Lexington Insurance (Company	
NAAMANS LL	INSURER B:	National Union Fire Insurance Company of		
616 BERWICK RD	(Non-Liability)	Pittsburgh, PA		
Wilmington, DE 19803	INSURER C:	AIG Specialty Insurance Company		
		•		

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

*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	X	X	OCCURRENCE	011405747	01/01/2023	01/01/2024	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	
				015454400	01/01/2023	01/01/2024	EACH LOSS	\$1,000,000 *
С	Х		DIRECTORS & OFFICERS	015454400	01/01/2023	01/01/2024		\$1,000,000
С	Х	CY	BER LIABILITY COVERAGE	015440383	01/01/2023	01/01/2024	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	9472684	01/01/2023	01/01/2024	EACH LOSS	\$35,000
				Crime Deductible	e: \$250 Property/\$1	,000 Money	AGGREGATE	NONE
В	х		PORTS EXCESS ACCIDENT	SRG9105434	01/01/2023	01/01/2024	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:

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) 11/1/2022

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 si	uch endorsement(s).	
PRODUCER		CONTACT David Irwin	
Keystone Risk Managers, LLC		PHONE (A/C, No, Ext): (570) 473-2150 FAX (A/C, No): (570) 4	173-2151
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 Baseball Risk Purcha	asing Group, Incorporated	INSURER C:	
NAAMANS LL		INSURER D:	
616 BERWICK RD		INSURER E:	
Wilmington	DE 19803	INSURER F:	
COVERAGES CERTIFIC	ATE NUMBER:	REVISION NUMBER:	
INDICATED. NOTWITHSTANDING ANY REQUIR	EMENT, TERM OR CONDITION	VE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLIC OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO W ED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL TI	HICH THIS

EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ADDL SUBR INSD WVD POLICY EFF POLICY EXP (MM/DD/YYYY) TYPE OF INSURANCE POLICY NUMBER LIMITS 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 Х 01/01/2023 | 01/01/2024 В 011405747 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 Luis
	© 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):

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		DATE (MM/DD/YY) 11/01/22				
Keystone Risk Managers, LLC 1995 Point Township Drive	CERTIFICATE #	CERTIFICATE #: 2080208-2023-1				
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	surance Company of			
616 BERWICK RD	(Non-Liability)	Pittsburgh, PA				
Wilmington, DE 19803	INSURER C:	AIG Specialty Insurance	e 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 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	Χ	X	OCCURRENCE	011405747	01/01/2023	01/01/2024	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	
				015454400	01/01/2023	01/01/2024	EACH LOSS	\$1,000,000 *
С	Х	DIRECTORS & OFFICERS		013434400 01/01/2023		01/01/2024	AGGREGATE	\$1,000,000
С	Х	CYBER LIABILITY COVERAGE		015440383	01/01/2023	01/01/2024	LIMIT OF LIABILITY CLAIMS MADE	\$100,000 per LEAGUE AGGREGATE
	S&P	SEC	CURITY AND PRIVACY LIABILITY INSURANCE	\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY ** \$1,000 PER LEAGUE RETENTION			RETROACTIVE DATE POLICY INCEPTION	CONTINUITY DATE POLICY INCEPTION
		REGULATORY ACTION SUBLIMIT OF LIABILITY \$100,000 PER LEAGUE \$1,000 PER LEAGUE R				F LIABILITY	FOLICY INCEPTION	FOLICY INCEPTION
	EM	EVI	ENT MANAGEMENT INSURANCE		AGUE SUBLIMIT O	F LIABILITY **	NOT APPLICABLE	POLICY INCEPTION
С	Х	CRIME COVERAGE		9472684	01/01/2023	01/01/2024	EACH LOSS	\$35,000
				Crime Deductible	Crime Deductible: \$250 Property/\$1,000 Money			NONE
В	х	-	PORTS EXCESS ACCIDENT	SRG9105434	01/01/2023	01/01/2024	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 REPRESENTATIVE

DISCLAIMER



DATE (MM/DD/YYYY) 11/1/2022

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	IPORTANT: If the certificate holder SUBROGATION IS WAIVED, subject is certificate does not confer rights t	to th	ne ter	ms and conditions of th	e polic	y, certain po	olicies may ı			
PROI	DUCER				CONTA NAME:	ст David Irv	vin			
Key	stone Risk Managers, LLC				PHONE (A/C, No	o. Ext): (570) 4	173-2150	FAX (A/C, No):	(570)	473-2151
199	5 Point Township Drive				E-MAIL ADDRE	ss: Dlrwin@	Keystoneins	grp.com		
						INS	URER(S) AFFOR	DING COVERAGE		NAIC#
Noi	thumberland			PA 17867	INSURE	RA: Lexingto	on Insurance	Company		19437
INSU	RED				INSURE	RB: AIG Spe	ecialty Insura	nce Company		26883
	Little League Baseball Risk F	urch	asing	Group, Incorporated	INSURE	RC:				
	NAAMANS LL				INSURE	RD:				
	616 BERWICK RD				INSURE	RE:				
	Wilmington			DE 19803	INSURE	RF:				
CO	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
IN CE E)	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY (CLUSIONS AND CONDITIONS OF SUCH	QUIF PERT POLI	REMEI AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIES REDUCED BY I	OR OTHER I S DESCRIBED PAID CLAIMS.	DOCUMENT 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)	LIMI	гѕ	
	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		011405747		01/01/2023	01/01/2024	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 HIRED NON-OWNED							BODILY INJURY (Per accident)	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	

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)

OCCUR

CLAIMS-MADE

N/A

CERTIFICATE HOLDER		CANCELLATION
Maplezone Sports Institute		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
1451 Conchester Hwy Garnet Valley	PA 19061	AUTHORIZED REPRESENTATIVE
		CARROLL AND CONTROLL AND CARROLL AND CARRO

\$

\$

\$

\$

\$

EACH OCCURRENCE

STATUTE

E.L. EACH ACCIDENT

E.L. DISEASE - EA EMPLOYEE

E.L. DISEASE - POLICY LIMIT

AGGREGATE

UMBRELLA LIAB

WORKERS COMPENSATION

AND EMPLOYERS' LIABILITY
ANYPROPRIETOR/PARTNER/EXECUTIVE
OFFICER/MEMBER EXCLUDED?

If yes, describe under DESCRIPTION OF OPERATIONS below

RETENTION \$

EXCESS LIAB

DED

(Mandatory in NH)

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) 11/01/22				
Keystone Risk Managers, LLC 1995 Point Township Drive	CERTIFICATE #	CERTIFICATE #: 2080208-2023-1			
Northumberland, PA 17867	INSURERS AF	INSURERS AFFORDING COVERAGE			
ADDITIONAL NAMED INSURED:	INSURER A:	Lexington Insurance C	Company		
NAAMANS LL	INSURER B:	National Union Fire In	surance Company of		
616 BERWICK RD	(Non-Liability)	Pittsburgh, PA			
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)	LIMITS	
			GENERAL LIABILITY				EACH OCCURRENCE	\$3,000,000
С	Χ	X	OCCURRENCE	011405747	01/01/2023	01/01/2024	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	
				015454400	01/01/2023	01/01/2024	EACH LOSS	\$1,000,000 *
С	Х	DIRECTORS & OFFICERS		013434400 01/01/2023		01/01/2024	AGGREGATE	\$1,000,000
С	Х	CYBER LIABILITY COVERAGE		015440383	01/01/2023	01/01/2024	LIMIT OF LIABILITY CLAIMS MADE	\$100,000 per LEAGUE AGGREGATE
	S&P	SEC	CURITY AND PRIVACY LIABILITY INSURANCE	\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY ** \$1,000 PER LEAGUE RETENTION			RETROACTIVE DATE POLICY INCEPTION	CONTINUITY DATE POLICY INCEPTION
		REGULATORY ACTION SUBLIMIT OF LIABILITY \$100,000 PER LEAGUE \$1,000 PER LEAGUE R				F LIABILITY	FOLICY INCEPTION	FOLICY INCEPTION
	EM	EVI	ENT MANAGEMENT INSURANCE		AGUE SUBLIMIT O	F LIABILITY **	NOT APPLICABLE	POLICY INCEPTION
С	Х	CRIME COVERAGE		9472684	01/01/2023	01/01/2024	EACH LOSS	\$35,000
				Crime Deductible	Crime Deductible: \$250 Property/\$1,000 Money			NONE
В	х	-	PORTS EXCESS ACCIDENT	SRG9105434	01/01/2023	01/01/2024	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:

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

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

DISCLAIMER



DATE (MM/DD/YYYY) 11/1/2022

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.

If	IPORTANT: If the certificate holder in SUBROGATION IS WAIVED, subject is certificate does not confer rights to	to th	ne tei	rms and conditions of th	e polic	y, certain po	olicies may	•		
PRO	DUCER				CONTAC NAME:	CT David Irv	vin			
Key	ystone Risk Managers, LLC				PHONE (A/C, No	o, Ext): (570) 4	173-2150	FAX (A/C, No):	(570) 473-2151
199	95 Point Township Drive				E-MAIL ADDRES	ss: Dlrwin@	Keystoneins			
							URER(S) AFFOR	RDING COVERAGE		NAIC#
No	rthumberland			PA 17867	INSURE	RA: Lexingto	on Insurance	Company		19437
INSU	RED				INSURE	RB: AIG Spe	ecialty Insura	nce Company		26883
	Little League Baseball Risk F	Purch	asing	Group, Incorporated	INSURE	RC:				
	NAAMANS LL				INSURE	RD:				
	616 BERWICK RD				INSURE	RE:				
	Wilmington			DE 19803	INSURE	RF:				
CO	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
IN CI	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT POLI	REMEI AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF ANY	CONTRACT	OR OTHER I	DOCUMENT WITH RESPE	CT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	3,000,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
								MED EXP (Any one person)	\$	Excluded
В		Х		011405747		01/01/2023	01/01/2024	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							PROPERTY DAMAGE	\$	

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)

AUTOS ONLY

OCCUR

CLAIMS-MADE

N/A

CERTIFICATE HOLDER 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 New Castle DE 19702			
New Castle County Parks and Recreation THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE	CERTIFICATE HOLDER		CANCELLATION
Now Costs	,		THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN
New Castle DE 19702	67 Reads Way		AUTHORIZED REPRESENTATIVE 9
fact (files	New Castle	DE 19702	faire some

PROPERTY DAMAGE (Per accident)

EACH OCCURRENCE

STATUTE

E.L. EACH ACCIDENT

E.L. DISEASE - EA EMPLOYEE

E.L. DISEASE - POLICY LIMIT

AGGREGATE

\$

\$

\$

\$

\$

\$

\$

AUTOS ONLY

UMBRELLA LIAB

WORKERS COMPENSATION

AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?

If yes, describe under DESCRIPTION OF OPERATIONS below

RETENTION \$

EXCESS LIAB

DED

(Mandatory in NH)

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) 11/01/22			
Keystone Risk Managers, LLC 1995 Point Township Drive	CERTIFICATE #	2080208-2023-1	2 08 02		
Northumberland, PA 17867	INSURERS AF	INSURERS AFFORDING COVERAGE			
ADDITIONAL NAMED INSURED:	INSURER A:	Lexington Insurance Co	mpany		
NAAMANS LL	INSURER B:	National Union Fire Insu	rance Company of		
616 BERWICK RD	(Non-Liability) Pittsburgh, PA				
Wilmington, DE 19803	INSURER C:	AIG Specialty Insurance	Company		

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

*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	011405747	01/01/2023	01/01/2024	GENERAL AGGREGATE	\$3,000,000
		X INCL PARTICIPANTS		Property Damage	e Deductible: \$250	PRODUCTS/COMP OPS AGGREGATE	\$3,000,000	
		X SEXUAL ABUSE					Sexual Abuse OCCURRENCE	\$1,000,000
							Sexual Abuse AGGREGATE	\$1,000,000
			MEDICAL PAYMENTS			Any One Person		
		DIRECTORS & OFFICERS		015454400	015454400 01/01/2023 01/01/2024		EACH LOSS	\$1,000,000 *
С	Х			013434400	01/01/2023	01/01/2024	AGGREGATE	\$1,000,000
С	Х	CYBER LIABILITY COVERAGE		015440383	01/01/2023	01/01/2024	LIMIT OF LIABILITY CLAIMS MADE	\$100,000 PER LEAGUE AGGREGATE
	S&P	SEC	CURITY AND PRIVACY LIABILITY INSURANCE	\$100,000 PER LE \$1,000 PER LEAG	AGUE SUBLIMIT O	RETROACTIVE DATE POLICY INCEPTION	CONTINUITY DATE POLICY INCEPTION	
		REG	GULATORY ACTION SUBLIMIT OF LIABILITY		AGUE SUBLIMIT O	F LIABILITY	FOLICT INCEPTION	FOLICY INCEPTION
	EM	EVI	ENT MANAGEMENT INSURANCE		AGUE SUBLIMIT O	NOT APPLICABLE	POLICY INCEPTION	
С	Х	CRIME COVERAGE		9472684 01/01/2023 01/01/2024			EACH LOSS	\$35,000
				Crime Deductible	e: \$250 Property/\$1	AGGREGATE	NONE	
В	х	SP	PORTS EXCESS ACCIDENT	SRG9105434	01/01/2023	01/01/2024	As in Master Policy: Med. Max. \$100,000 Deductible \$50	As in Master Policy Excess

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

ADDITIONAL INSURED

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

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

NAME AND ADDRESS OF PERSON OR ORGANIZATION:

Siegel JCC 101 Garden of Eden Rd Wilmington, DE 19810

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

DISCLAIMER



DATE (MM/DD/YYYY) 11/1/2022

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

th	nis certificate does not confer rights t				ıch en	dorsement(s)).	equile un endorsemen				
PRODUCER						CONTACT David Irwin						
Keystone Risk Managers, LLC						PHONE (A/C, No, Ext): (570) 473-2150 FAX (A/C, No): (570) 473-2151						
1995 Point Township Drive						E-MAIL ADDRESS: DIrwin@Keystoneinsgrp.com						
			NAIC#									
No	rthumberland			PA 17867	INSURE	19437						
INSU	JRED				INSURE	26883						
	Little League Baseball Risk F	urch	asing	Group, Incorporated	INSURE							
	NAAMANS LL				INSURE							
	616 BERWICK RD				INSURER E:							
	Wilmington			DE 19803	INSURE	RF:						
				NUMBER:				REVISION NUMBER:				
IN C E	IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	QUIREMENT, TERM OR CONDITION PERTAIN, THE INSURANCE AFFORDI POLICIES. LIMITS SHOWN MAY HAVE									
INSR LTR		INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S			
	CLAIMS-MADE X OCCUR							EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	3,000,000		
					01/01/2023		MED EXP (Any one person)	\$	Excluded			
В		Х		011405747		01/01/2023	01/01/2024	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)	\$			
	ACTOC CINET							(i or decidenty	\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$			
	DED RETENTION\$								\$			
	WORKERS COMPENSATION							PER OTH- STATUTE ER				
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$			
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	ES (A	CORD	101, Additional Remarks Schedul	e, may b	e attached if more	e space is require	ed)				
Ce	rtificate Holder is named as Additional Ir	sure	d per	form CG 2026 (04/13)								
CE	RTIFICATE HOLDER				CANO	ELLATION						
	iegel JCC				SHO	OULD ANY OF T	I DATE THE	ESCRIBED POLICIES BE C EREOF, NOTICE WILL I				

© 1988-2015 ACORD CORPORATION. All rights reserved.

Wilmington

101 Garden of Eden Rd

DE 19810

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):

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) 11/01/22				
Keystone Risk Managers, LLC 1995 Point Township Drive	CERTIFICATE #	2080208-2023-1	2 08 02			
Northumberland, PA 17867	INSURERS AF	INSURERS AFFORDING COVERAGE:				
ADDITIONAL NAMED INSURED:	INSURER A:	INSURER A: Lexington Insurance Company INSURER B: National Union Fire Insurance Cor				
NAAMANS LL	INSURER B:					
616 BERWICK RD	(Non-Liability)	Pittsburgh, PA	-			
Wilmington, DE 19803	INSURER C:	AIG Specialty Insurance	Company			

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

*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	X	X	OCCURRENCE	011405747	01/01/2023	01/01/2024	GENERAL AGGREGATE	\$3,000,000
		X INCL PARTICIPANTS		Property Damage	e Deductible: \$250	PRODUCTS/COMP OPS AGGREGATE	\$3,000,000	
		X SEXUAL ABUSE		ADUGE			Sexual Abuse OCCURRENCE	\$1,000,000
							Sexual Abuse AGGREGATE	\$1,000,000
			MEDICAL PAYMENTS				Any One Person	
				015454400	01/01/2023	01/01/2024	EACH LOSS	\$1,000,000 *
С	Х	DIRECTORS & OFFICERS		015454400	01/01/2023	AGGREGATE	\$1,000,000	
С	Х	CYBER LIABILITY COVERAGE		015440383	01/01/2023 01/01/2024		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	F LIABILITY	POLICE INCLESTION	POLICE INCLESSION
	EM	EVI	ENT MANAGEMENT INSURANCE		AGUE SUBLIMIT O	F LIABILITY **	NOT APPLICABLE	POLICY INCEPTION
С	Х	CRIME COVERAGE		9472684	01/01/2023	01/01/2024	EACH LOSS	\$35,000
				Crime Deductible	e: \$250 Property/\$1	AGGREGATE	NONE	
В	х		PORTS EXCESS ACCIDENT	SRG9105434	01/01/2023	01/01/2024	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:

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 KEPRESENTATIVE

DISCLAIMER



DATE (MM/DD/YYYY) 11/1/2022

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	cert	ificate holder in lieu of su		~=					
PRODUCER	CONTACT David Irwin									
Keystone Risk Managers, LLC	PHONE (A/C, No, Ext): (570) 473-2150 FAX (A/C, No): (570) 473-2151									
1995 Point Township Drive	E-MAIL ADDRESS: DIrwin@Keystoneinsgrp.com									
							NAIC#			
Northumberland	INSURER A. S.						19437			
INSURED				INSURER B: AIG Specialty Insurance Company 26883						
Little League Baseball Risk P	urch	asing	Group, Incorporated	INSURER C:						
NAAMANS LL				INSURE						
616 BERWICK RD	INSURER E:									
Wilmington			DE 19803	INSURE	RF:					
COVERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUM	/IBER:		
INDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY F EXCLUSIONS AND CONDITIONS OF SUCH I	EQUIREMENT, TERM OR CONDITION PERTAIN, THE INSURANCE AFFORDE POLICIES. LIMITS SHOWN MAY HAVE			OF AN' ED BY						WHICH THIS
LTR TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	S	
COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTE		\$	3,000,000
CLAIMS-MADE X OCCUR							PREMISES (Ea occu		\$	300,000
							MED EXP (Any one p	person)	\$	Excluded
В	Х		011405747		01/01/2023	01/01/2024	PERSONAL & ADV	NJURY	\$	3,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	SATE	\$	3,000,000
POLICY PRO- JECT LOC							PRODUCTS - COMP	P/OP AGG	\$	3,000,000
X _{OTHER:} Per League							SEXUAL ABUSE OC		\$	1M/\$1M
AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$	
ANY AUTO							BODILY INJURY (Pe	er person)	\$	
OWNED SCHEDULED AUTOS							BODILY INJURY (Pe		\$	
HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	SE .	\$	
									\$	
UMBRELLA LIAB OCCUR							EACH OCCURRENC	CE	\$	
EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
DED RETENTION\$									\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDEN	NT	\$	
(Mandatory in NH)	-						E.L. DISEASE - EA E	MPLOYEE	\$	
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORD	101, Additional Remarks Schedu	le, may b	e attached if more	e space is require	ed)			
Certificate Holder is named as Additional In	sure	d per	form CG 2026 (04/13)							
CERTIFICATE HOLDER				CANO	ELLATION					
THE POLICE OF TH				5/3/10	AIION					
				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE						
Skating Club of Wilmington							EREOF, NOTICE CYPROVISIONS.	WILL E	SE DE	LIVERED IN

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1301 Carruthers Ln

Wilmington

DE 19803

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):

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.

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 - 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:**

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

whichever is less.