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ACORD	TM	CORD

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/20/2020

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 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).

PRODUCER  Chappell Insurance Agency		CONTACT NAME: Richard Chappell					
25807-A Cox Rd Petersburg, VA, 23803		PHONE (A/C, No. Ext):	804-733-2020	FAX 1-804 (A/C, No):	-733-2968		
1 otolobal g, 171, 20000		E-MAIL ADDRESS:					
INSURED			INSURER(S) AFFORDING COV	/ERAGE	NAIC#		
Lakewood Junior Baseball Association 1305 Brentwood St		INSURER A:	23787				
		INSURER B:	70815				
Lakewood, CO 80214		INSURER C:					
(1)Teams in Lakewood Junior Baseball		INSURER D:					
	Association group	INSURER E:					
•	<b>.</b>	INSURER F:					
COVERACEC	CERTIFICATE NUINARER.	DDC DD	42 004606	DEVICION NUMBE	D-		

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			ADDL SUBR INSD WVD POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	х	COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE	2.000.000	
		CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	1,000,000	
	X PLL	PLL - \$2,000,000						MED EXP (Any one person)	
					RPG310310-00	01/01/2020 12:01 AM	01/01/2021 12:01 AM	PERSONAL & ADV INJURY	2,000,000
	GE	N'L AGGREGATE LIMIT APPLIES PER:				12.01 /101	12.01 AW	GENERAL AGGREGATE	5,000,000
		POLICY PROJECT LOC						PRODUCTS-COMP/OP AGG	2,000,000
		OTHER:							PARTICIPANT LEGAL LIABILITY
		UMBRELLA LIAB OCCUR						EACHOCCURRENCE	
		EXCESS LIAB CLAIMS-MADE DED RETENTION	ŧ					AGGREGATE	
		DED   RETENTION	-						
В	PARTICIPANT ACCIDENT			36-SB-206413	<b>01/01/2020</b> 12:01 AM	<b>01/01/2021</b> 12:01 AM	EXCESS MEDICAL	100,000	
							DEDUCTIBLE	\$500.00	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)									

Coverage includes amateur play and practice in the insured sport for Lakewood Junior Baseball Association. Team or league listed below is a named insured under the above referenced policy.

Coverage Effective From 10:51 AM on 01/20/2020 TO 01/01/2021

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
Certificate Number: RPG-BB-12-001606	Scott hunhal