		1411 011000	ATE OF L		The second second second second		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 may require all e	naorsement.			onier rights to the	
PRODUCER CONTACT								
Chappell Insurance Agency 25807-A Cox Rd Petersburg, VA, 23803				NAME:	NAME: Richard Chappell			
				PHONE (A/C, No. E)	PHONE 804-733-2020 FAX 1-804-733-2968 (A/C, No. Ext): (A/C, No):			
				E-MAIL				
INSURED Lakewood Junior Baseball Association 1305 Brentwood St Lakewood, CO 80214 (1)Teams in Lakewood Junior Baseball Association group					INSURER(S) AFFORDING COVERAGE NAIC #			
					INSURER A: Nationwide Mutual Insurance Company			
					INSURER B: Hartford Life and Accident Company			
					INSURER C:			
				INSURER E:				
					INSURER F:			
COVERAGES		CER	TIFICATE NUMBER:	RPG-E	3B-12-001606	REVISION NUM	/IBER:	
THIS IS TO CERTIFY THAT THE POLICIES OF INSU								
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.	. LIMI ADDLS		HOWN MAY HAVE BE	EN REDUCED E POLICY EFF	BY PAID CLAIMS			
LTR TYPE OF INSURANCE I	INSD V		POLICY NUMBER	(MM/DD/YYYY)		LIMITS		
X COMMERCIAL GENERAL LIABILITY   CLAIMS-MADE X   OCCUR						EACH OCCURRENCE	2,000,000	
						PREMISES (Ea occurrence)	.,,	
A X PLL - \$2,000,000	x		RPG310310-00	01/01/2020	01/01/2021	MED EXP (Any one person) PERSONAL & ADV INJURY	2 000 000	
GEN'L AGGREGATE LIMIT APPLIES PER:				12:01 AM	12:01 AM	GENERAL AGGREGATE	2,000,000 5,000,000	
						PRODUCTS-COMP/OP AGG	2,000,000	
OTHER:						PARTICIPANT LEGAL LIABILITY	2,000,000	
UMBRELLA LIAB OCCUR						EACHOCCURRENCE		
EXCESS LIAB     CLAIMS-MADE       DED     RETENTION						AGGREGATE		
						EXCESS MEDICAL		
PARTICIPANT ACCIDENT				12:01 AM	12:01 AM	DEDUCTIBLE		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES	S (ACO	RD 10	01, Additional Remarks S	ichedule, may be :	attached if more s	pace is required)		
Coverage includes amateur play and practice in the insured sport for Lakewood Junior Baseball Association RPG-BB-12-001606. The certificate holder is named as an additional insured but only with respect to the operations of the named insured. Coverage Effective From 10:59 AM on 01/20/2020 TO 01/01/2021								
CERTIFICATE HOLDER CANCELLATION								
CITY OF LAKEWOOD 480 S ALLISON PKWY LAKEWOOD, CO 80226				BEFORE I	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
				AUTHORIZE	AUTHORIZED REPRESENTATIVE			
Certificate Number: RPG-BB-12-001606					Scott hundred			

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