CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/02/2021

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 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).

3.2					
PRODUCER					
Chappell Insurance Agency		CONTACT NAME:	Daryl Chappell		
25807A Cox Road Petersburg, VA, 23803		PHONE (A/C, No. Ext):	804-733-2020	FAX 804-7 (A/C, No):	733-2968
		E-MAIL ADDRESS:	-		
INSURED			INSURER(S) AFFORDING COV	/ERAGE	NAIC#
Lakewood Junior Baseball Association 1305 Brentwood St Lakewood, CO 80214		INSURER A:	23787		
		INSURER B: Hartford Life and Accident Company			70815
		INSURER C:			
		INSURER D:			
(1)Teams in Lakewood Junior Baseball Ass	ociation group	INSURER E:			
` '		INSURER F:	·	·	
COVERACES	CERTIFICATE NUMBER	DDC DD	11 001222	DEVICION NUMBER	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				SUBR WVD		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
	PLL - \$2 million GEN'L AGGREGATE LIMIT APPLIES PER:			RPG315507-00	01/01/2021 12:01 AM	01/01/2022 12:01 AM	MED EXP (Any one person)		
							PERSONAL & ADV INJURY	2,000,000	
							GENERAL AGGREGATE	5,000,000	
		POLICY PROJECT LOC						PRODUCTS-COMP/OP AGG	2,000,000
	Х	OTHER:						PARTICIPANT LEGAL LIABILITY	2,000,000
		UMBRELLA LIAB OCCUR						EACHOCCURRENCE	
		EXCESS LIAB CLAIMS-MADE DED RETENTION	ŧ					AGGREGATE	
В	РΔ	PARTICIPANT ACCIDENT	36-SB-206413	25 25 255600 FORES (02.1)	01/01/2022 12:01 AM	EXCESS MEDICAL	100,000		
	ACTION AND ACCIDENT					12.01 AW	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 01:23 PM on 01/10/2021 TO 01/01/2022

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-11-001222	Scott hurhal