Sadler Sports: Amateur Teams / Leagues Insurance Plan

CORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/ DD/ YYYY) 02/24/2022

REVISION NUMBER

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OF
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) mu require an endorsement. A statement on this certificate does not confer rights to the ce	st be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the polic rtificate holder in lieu of such endorsement(s).	v, certain policies may			
PRODUCER	CONTACT NAME: Sports Dept	CONTACT NAME: Sports Dept			
SADLER & COMPANY, INC.	PHONE (A/ C, No. Ext): 800-622-7370 FAX (A/ C, No): 803-256-401	PHONE (A/ C, No. Ext): 800-622-7370 FAX (A/ C, No): 803-256-4017			
P.O. BOX 5866	E- MAIL ADDRESS: amateur@sadlersports.com	E- MAIL ADDRESS: amateur@sadlersports.com			
COLUMBIA, SOUTH CAROLINA 29250-5866	PRODUCER CUSTOMER ID#:				
INSURED Camarillo Baseball Softball Association Camarillo Pony Baseball	INSURER(S) AFFORDING COVERAGE	NAIC #			
	INSURER A: NATIONWIDE MUTUAL INSURANCE COMPANY	23787			
P.O. Box 2814 Camarillo, CA 93011	INSURER B:				
Application ID: 345787	INSURER C:				
A Member of the Sports, Leisure & Entertainment RPG					

COVERAGES

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.

CERTIFICATE NUMBER

INSD LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/ DD/ YYYY)	POLICY EXP (MM/ DD/ YYYY)	LIMITS		
A				6B RPG 74846			EACH OCCURRENCE DAMAGE TO PREMISES RENTED TO YOU (Fire Legal Liability)	\$2,000,000 \$1,000,000	
	CLAIMS MADE OCCUR						MEDICAL EXPENSES (other than participants)	\$5,000	
	□				12:01:00 AM ET 02/28/2022	12:01AM ET 02/28/2023	PERSONAL & ADV INJURY	\$2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:				EI 02/28/2022	02/28/2023	GENERAL AGGREGATE (other than Products- completed Operations)	\$5,000,000	
							PRODUCTS- COMP/ OP AGG	\$2,000,000	
							LEGAL LIAB TO PARTICIPANTS	\$2,000,000	
							PROFESSIONAL LIABILITY	\$2,000,000	
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS	Y AUTO L OWNED AUTOS HEDULED AUTOS			COMBINED SINGLE LIMIT (Ea Accident)	\$2,000,000			
	HIRED AUTOS (not provided while in			6B RPG 74846	12:01:00 AM ET 02/28/2022	12:01AM ET 02/28/2023	BODILY INJURY (Per person)		
	Hawaii)							BODILY INJURY (Per accident)	
	NON- OWNED AUTOS (not						PROPERTY DAMAGE (Per accident)		
	provided while in Hawaii)								
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE		
	CLAIMS- MADE						AGGREGATE		
	WORKERS COMPENSATION AND					WC STATUTORY LIMITS			
	EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER /			N/ A			OTHER		
	EXECUTIVE OFFICER / MEMBER Y/ N EXCLUDED?						E.L. EACH ACCIDENT		
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EOMPLOYEE		
							E.L. DISEASE - POLICY LIMIT		
	MEDICAL PAYMENTS TO			6B RPG 74846	12:01:00 AM	12:01AM ET	EXCESS MEDICAL	\$100,000	
	PARTICIPANTS				6B RPG 74846	ET 02/28/2022	02/28/2023	AD&D	NONE
							DEDUCTIBLE	\$100	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

RE: COVERED SPORTS Baseball 12 & Under, Baseball 13-15,

High Brain Injury Sports - For Deck/ Floor/ Field/ Street Hockey, Roller Hockey (quad), Cheerleading (age 19 & under); Lacrosse (age 19 & under); Tackle and contact football (age 19 & under), Soccer (age 19 & under), Water Hockey (age 19 & under), Wrestling (age 19 & under), and Umpire/ Referee Associations for the above High Risk Concussion Sports, Limited Coverage for "Brain Injury" endorsement applies Parin Injury: \$1,000,000 occurrence/\$1,000,000 aggregate; Brain Injury Limits \$1,000,000 occurrence/\$1,000,000 but only if such injury occurs as a result of specific events occurring during the policy period.

CERTIFICATE HOLDER

CANCELLATION

EVIDENCE OF COVERAGE

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.



Coverage is only extended to U.S. events and activities ** NOTICE TO TEXAS INSUREDS: The Insurer for the purchasing group may not be subject to all the insurance laws and regulations of the State of Texas. © 1988-2014 ACORD CORPORATION. All rights reserved.

ACORD 25 (2014/01)

The ACORD name and logo are registered marks of ACORD