

<input checked="" type="checkbox"/> HIRED AUTOS (not provided while in Hawaii) <input checked="" type="checkbox"/> NON-OWNED AUTOS (not provided while in Hawaii)						PROPERTY DAMAGE (Per accident)	
<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION						EACH OCCURRENCE	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER / MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
A MEDICAL PAYMENTS TO PARTICIPANTS		6BRPG000006993600		12:01:00 AM ET 02/28/2020	12:01AM ET 02/28/2021	EXCESS MEDICAL	\$100,000
						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, Baseball 16-19,

The certificate holder is added as an additional insured, but only with respect to the liability arising out of the operations of the insured above. 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-Brain Injury Limit: \$1,000,000 occurrence/\$1,000,000 aggregate; Brain Injury Loss Adjustment Expense Limit: \$1,000,000 occurrence/\$1,000,000 aggregate. "Brain Injury" means concussion, chronic traumatic encephalopathy, or any other injury to the brain and any symptoms, conditions, disorders and diseases, including death, resulting therefrom but only if such injury occurs as a result of specific events occurring during the policy period.

CERTIFICATE HOLDER

CANCELLATION

RELATIONSHIP:
Property Owner/Lessor

Pleasant Valley Recreation and Park District
ITS OFFICERS, EMPLOYEES
AGENTS AND VOLUNTEERS
 1605 E. Burnley Street
 Effina Jackson, CA 93101

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



Coverage is only extended to U.S. events and activities

** NOTICE TO TEXAS INSURED: The Insurer for the purchasing group may not be subject to all the insurance laws and regulations of the State of Texas.

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ACORD 25 (2014/01)

ISO | Commercial General Liability Forms | 01/01/96

POLICY NUMBER: 6BRPG0000006993600**COMMERCIAL GENERAL
LIABILITY****INSURED: Camarillo Baseball Softball
Association**

CG 20 11 04 11

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**ADDITIONAL INSURED - MANAGERS OR LESSORS OF PREMISES**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART**SCHEDULE**

1. Designation of Premises (Part Leased To You):
2. Name of Person or Organization (Additional Insured): Pleasant Valley Recreation and Park District ITS OFFICERS, EMPLOYEES AGENTS AND VOLUNTEERS 1605 E. Burnley Street Effina Jackson, CA 93101
3. Additional Premium: none Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

POLICY CHANGES

Policy Change
Number 1

POLICY NUMBER 6BRPG0000006993600	POLICY CHANGES EFFECTIVE 02/28/20	COMPANY Nationwide Mutual Insurance Company
NAMED INSURED Camarillo Baseball Softball Assn DBA: Camarillo Pony Baseball		AUTHORIZED REPRESENTATIVE K&K Insurance Group, Inc.
COVERAGE PARTS AFFECTED Common Policy Conditions		
<p style="text-align: center;">CHANGES</p> <p>Form Number: SRPG8016</p> <p><input checked="" type="checkbox"/> Add Form <input type="checkbox"/> Delete Form <input type="checkbox"/> Amend Form as Follows:</p> <p>The Following form SRPG8016 has been added to the policy.</p> <p>CP# 9409</p>		



Authorized Representative Signature

POLICY NUMBER: 6BRPG0000006993600

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CANCELLATION

This endorsement modifies insurance under the following:

COMMON POLICY CONDITIONS, A. Cancellation, 2.b. is deleted and replaced by:

30 days before the effective date of cancellation if we cancel for any other reason.

This endorsement applies only to the insureds designated below:

Named Insured: Camarillo Baseball Softball Assn
DBA: Camarillo Pony Baseball

Additional Insured: Pleasant Valley Recreation and Park District
1605 E. Burnley Street
Camarillo, CA 93010

CP# 9409
Effective Date: 02/28/2020 to 02/28/2021