DATE (MM/DD/YYYY)



CERTIFICATE OF LIABILITY INSURANCE

07/17/2020

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	CONTACT NAME: Sports Dept			
SADLER & COMPANY, INC. P.O. BOX 5866	PHONE (A/C, No. Ext): 800-622-7370 FAX (A/C, No): 803-256-4017			
COLUMBIA, SOUTH CAROLINA 29250-5866	E-MAIL ADDRESS: amateur@sadlersports.com			
	PRODUCER CUSTOMER ID#:			
INSURED Camarillo Baseball Softball Association Camarillo Pony Baseball	INSURER(S) AFFORDING COVERAGE	NAIC#		
P.O. Box 2814 Camarillo, CA 93011	INSURER A: NATIONWIDE MUTUAL INSURANCE COMPANY	23787		
	INSURER B:			
Application ID: 288059	INSURER C:			
A Member of the Sports, Leisure & Entertainment RPG	INSURER D:			

COVERAGES CERTIFICATE NUMBER REVISION NUMBER

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.

INSD LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	S
Α	GENERAL LIABILITY	X					EACH OCCURRENCE	\$2,000,000
	COMMERCIAL GENERAL LIABILITY CLAIMS MADE						DAMAGE TO PREMISES RENTED TO YOU (Fire Legal Liability)	\$1,000,000
	OCCUR						MEDICAL EXPENSES (other than participants)	\$5,000
	∐ 			6BRPG0000006993600	12:01:00 AM ET	12:01AM ET	PERSONAL & ADV INJURY	\$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROJECT LOC				02/28/2020	02/28/2021	GENERAL AGGREGATE (other than Products- completed Operations)	\$5,000,000
							PRODUCTS- COMP/OP AGG	\$2,000,000
							LEGAL LIAB TO PARTICIPANTS	\$1,000,000
							PROFESSIONAL LIABILITY	\$2,000,000
	AUTOMOBILE LIABILITY			6BRPG0000006993600	12:01:00 AM ET 02/28/2020	12:01AM ET 02/28/2021	COMBINED SINGLE LIMIT (Ea Accident)	\$2,000,000
	ANY AUTO ALL OWNED AUTOS						BODILY INJURY (Per person)	
	SCHEDULED AUTOS						BODILY INJURY (Per accident)	
				l	l			

	☐ HIRED AUTOS (not provided while in						PROPERTY DAMAGE (Per accident)	
	Hawaii)							
	☑ NON-OWNED							
	AUTOS (not							
	provided while in							
	Hawaii)							
	UMBRELLA LIAB							
	OCCUR						EACH OCCURRENCE	
	☐ EXCESS LIAB ☐						AGGREGATE	
	CLAIMS-MADE							
	DEDUCTIBLE							
	RETENTION							
	WORKERS COMPENSATION							
	AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS	
	ANY PROPRIETOR Y/N						OTHER	
	/ PARTNER /			N/A			E.L. EACH ACCIDENT	
	OFFICER / MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under						E.L. DISEASE - EA EOMPLOYEE	
	DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	
Α	MEDICAL PAYMENTS TO			CDDDC000000000000000000000000000000000	12:01:00	12:01AM	EXCESS MEDICAL	\$100,000
	PARTICIPANTS		6BRPG0000006993600	AM ET	ET 02/28/2021	AD&D	NONE	
					0212012020	ULIZUIZUZ I	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. <u>High Brain Injury Sports</u> - 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

RELATIONSHIP: Property Owner/Lessor

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

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

Jum Succes

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

© 1988-2014 ACORD CORPORATION. All rights

ACORD 25 (2014/01)

^{**} 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.

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

POLICY NUMBER: 6BRPG0000006993600

COMMERCIAL GENERAL LIABILITY

INSURED: Camarillo Baseball Softball

CG 20 11 04 11

Association

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.

POLICY NUMBER: 6BRPG0000006993600 INTERLINE IL 12 01 11 85

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

POLICY CHANGES

Policy Change

Number 1

POLICY NUMBER	POLICY CHANGES EFFECTIVE	COMPANY					
6BRPG0000006993600	02/28/20	Nationwide Mutual Insurance Company					
NAMED INSURED		AUTHORIZED REPRESENTATIVE					
Camarillo Baseball Softball Assn		K&K Insurance Group, Inc.					
DBA: Camarillo Pony Baseball							
COVERAGE PARTS AFFECTED							
Common Policy Conditions	Common Policy Conditions						
	CHANGES						
Form Number: SRPG8016							
X Add Form Delete Form Amend Form as Follows:							
The Following form SRPG8016 has been added to the policy.							
CP# 9409							

Authorized Representative Signature

Scott huntered

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

SRPG8016 09/08