| CERTIFICATE OF  | DATE (MM/DD/YY)<br>03/11/20 |  |   |
|---|-----------------------------|--|---|
| PRODUCER  Keystone Risk Managers, LLC                 | CERTIFICATE #               | t: 3091429-2020-3 3 09 23                |   |
| 1995 Point Township Drive<br>Northumberland, PA 17867 | INSURERS AF                 | FFORDING COVERAGE:                       |   |
| ADDITIONAL NAMED INSURED:                             | INSURER A:                  | Lexington Insurance Company              |   |
| LAKE MARY LL<br>Ben Bartlett                          | INSURER B:                  | National Union Fire Insurance Company of | f |
| 467 Still Forest Terrace                              | (Non-Liability)             | Pittsburgh, PA                           |   |
| Sanford, FL 32771                                     | INSURER C:                  | AIG Specialty Insurance Company          |   |
|   |                             | ·  |   |

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR<br>LTR | ADD'L<br>NAMED<br>INSRD |                          | TYPE OF INSURANCE                         | POLICY NUMBER                      | POLICY EFFECTIVE<br>DATE (MM/DD/YYYY) | POLICY EXPIRATION<br>DATE (MM/DD/YYYY) | LIN  | IITS                              |
|-------------|-------------------------|--------------------------|---|------------------------------------|---------------------------------------|--|--|-----------------------------------|
|             |                         | GENERAL LIABILITY        |   |                                    |                                       | EACH OCCURRENCE                        | \$1,000,000  |                                   |
| Α           | Х                       | X                        | OCCURRENCE                                | 011405740                          | 01/01/2020                            | 01/01/2021                             | GENERAL AGGREGATE  | \$2,000,000                       |
|             |                         | X INCL PARTICIPANTS      |   | Property Damage                    | e Deductible: \$250                   |  | PRODUCTS/COMP OPS<br>AGGREGATE                                 | \$1,000,000                       |
|             |                         | X SEXUAL ABUSE           |   |                                    |                                       |  | Sexual Abuse<br>OCCURRENCE                                     | \$1,000,000                       |
|             |                         | ^                        | SEXUAL ABUSE                              |                                    |                                       |  | Sexual Abuse<br>AGGREGATE                                      | \$1,000,000                       |
|             |                         |                          | MEDICAL PAYMENTS                          |                                    |                                       |  | Any One Person   |                                   |
|             |                         |                          | DIRECTORS & OFFICERS 018251940 01/01/2020 |                                    | 01/01/2021                            | EACH LOSS                              | \$1,000,000  |                                   |
| С           | Х                       | DIRECTORS & OFFICERS     |   | 018251940                          | 01/01/2020                            | 01/01/2021                             | AGGREGATE  | \$1,000,000                       |
| С           | Х                       | CYBER LIABILITY COVERAGE |   | CYBER LIABILITY COVERAGE 019502676 |                                       |  | LIMIT OF LIABILITY<br>CLAIMS MADE                              | \$100,000 PER<br>LEAGUE AGGREGATE |
|             | S&P                     | SE                       | CURITY AND PRIVACY LIABILITY<br>INSURANCE | ' '                                | AGUE SUBLIMIT O                       | RETROACTIVE DATE POLICY INCEPTION      | CONTINUITY DATE POLICY INCEPTION                               |                                   |
|             |                         | REC                      | GULATORY ACTION SUBLIMIT OF<br>LIABILITY  |                                    | AGUE SUBLIMIT O                       | FOLICY INCEPTION                       | FOLICY INCEPTION   |                                   |
|             | EM                      | EVI                      | ENT MANAGEMENT INSURANCE                  |                                    | EAGUE SUBLIMIT O                      | F LIABILITY                            | NOT APPLICABLE   | POLICY INCEPTION                  |
| Α           | Х                       |                          | CRIME COVERAGE                            | 011408729                          | 01/01/2020                            | 01/01/2021                             | EACH LOSS  | \$35,000                          |
|             |                         |                          |   | Crime Deductible                   | e: \$250 Property/\$1                 | AGGREGATE                              | NONE   |                                   |
| В           | х                       |                          | PORTS EXCESS ACCIDENT                     | SRG9105434                         | 01/01/2020                            | 01/01/2021                             | As in Master Policy:<br>Med. Max. \$100,000<br>Deductible \$50 | As in Master Policy<br>Excess     |

#### "X" INDICATES COVERAGE(S) SELECTED FOR ADDITIONAL NAMED INSURED

#### **ADDITIONAL INSURED**

Who is an Insured (SECTION II) of the General Liability policy is amended to include as an insured the person or organization shown in the schedule, but only with respect to liability arising out of the above named Little League's maintenance or use of ball fields, or other premises loaned, donated, or rented to that Little League by such person or organizations and subject to the following additional exclusions:

- 1. Structural alterations, new construction, maintenance, repair or demolition operations performed by or on behalf of the person or organization designated in the Schedule and/or performed by the above named Little League; and
- 2. That part of the ball field or other premises not being used by the above named Little League.

#### NAME AND ADDRESS OF PERSON OR ORGANIZATION:

- 1. City of Lake Mary 2. Heathrow Master Association 3. Seminole County Board of County Commisioners 4. Seminole County School Board
- 5. City of Winter Springs

| INSURED   | CANCELLATION  |
|---|---|
| Little League Baseball Risk Purchasing Group, Incorporated 539 U.S. RT. 15 Highway South Williamsport, PA 17702 | 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 |

## **DISCLAIMER**

| CERTIFICATE OF  |                 | DATE (MM/DD/YY)<br>03/11/20   |            |  |  |
|---|-----------------|-------------------------------|------------|--|--|
| PRODUCER  Keystone Risk Managers, LLC                 | CERTIFICATE #   | 3091429-2020-3                | 3 09 23    |  |  |
| 1995 Point Township Drive<br>Northumberland, PA 17867 | INSURERS AF     | FORDING COVERAGE:             |            |  |  |
| ADDITIONAL NAMED INSURED:                             | INSURER A:      | Lexington Insurance Company   | /          |  |  |
| LAKE MARY LL  | INSURER B:      | National Union Fire Insurance | Company of |  |  |
| Ben Bartlett<br>467 Still Forest Terrace              | (Non-Liability) | ty) Pittsburgh, PA            |            |  |  |
| Sanford, FL 32771                                     | INSURER C:      | AIG Specialty Insurance Comp  | pany       |  |  |
|   |                 |                               |            |  |  |

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| INSR<br>LTR | ADD'L<br>NAMED<br>INSRD |                          | TYPE OF INSURANCE                         | POLICY NUMBER  | POLICY EFFECTIVE<br>DATE (MM/DD/YYYY)        | POLICY EXPIRATION<br>DATE (MM/DD/YYYY) | LIMITS   |                                   |
|-------------|-------------------------|--------------------------|---|--|--|--|--|-----------------------------------|
|             |                         | GENERAL LIABILITY        |   |  |  | EACH OCCURRENCE                        | \$1,000,000  |                                   |
| Α           | X                       | X                        | OCCURRENCE                                | 011405740  | 01/01/2020                                   | 01/01/2021                             | GENERAL AGGREGATE  | \$2,000,000                       |
|             |                         | Χ                        | INCL PARTICIPANTS                         | Property Damage  | e Deductible: \$250                          |  | PRODUCTS/COMP OPS<br>AGGREGATE                                 | \$1,000,000                       |
|             |                         | X SEXUAL ABUSE           |   |  |  |  | Sexual Abuse<br>OCCURRENCE                                     | \$1,000,000                       |
|             |                         | ^                        | SEXUAL ABUSE                              |  |  |  | Sexual Abuse<br>AGGREGATE                                      | \$1,000,000                       |
|             |                         |                          | MEDICAL PAYMENTS                          |  |  | Any One Person                         |  |                                   |
|             |                         | DIRECTORS & OFFICERS     |   | DIRECTORS & OFFICERS 018251940 01/01/2020 01/01/2021                             |  | EACH LOSS                              | \$1,000,000  |                                   |
| С           | Х                       |                          |   | 010201040 01/01/2020 01/01/2021  |  |  | AGGREGATE  | \$1,000,000                       |
| С           | Х                       | CYBER LIABILITY COVERAGE |   | CYBER LIABILITY COVERAGE         019502676         01/01/2020         01/01/2021 |  | 01/01/2021                             | LIMIT OF LIABILITY<br>CLAIMS MADE                              | \$100,000 PER<br>LEAGUE AGGREGATE |
|             | S&P                     | SE                       | CURITY AND PRIVACY LIABILITY<br>INSURANCE | ' '  | LEAGUE SUBLIMIT OF LIABILITY EAGUE RETENTION |  | RETROACTIVE DATE POLICY INCEPTION                              | CONTINUITY DATE POLICY INCEPTION  |
|             |                         | REC                      | GULATORY ACTION SUBLIMIT OF<br>LIABILITY  |  | AGUE SUBLIMIT O                              | F LIABILITY                            | roller moler non   | FOLICT INCLETION                  |
|             | EM                      | EVI                      | ENT MANAGEMENT INSURANCE                  |  | AGUE SUBLIMIT O                              | F LIABILITY                            | NOT APPLICABLE   | POLICY INCEPTION                  |
| Α           | Х                       | CRIME COVERAGE           |   | 011408729  | 01/01/2020                                   | 01/01/2021                             | EACH LOSS  | \$35,000                          |
|             |                         |                          |   | Crime Deductible   | e: \$250 Property/\$1                        | AGGREGATE                              | NONE   |                                   |
| В           | Х                       | SPORTS EXCESS ACCIDENT   |   | SRG9105434   | 01/01/2020                                   | 01/01/2021                             | As in Master Policy:<br>Med. Max. \$100,000<br>Deductible \$50 | As in Master Policy<br>Excess     |

#### "X" INDICATES COVERAGE(S) SELECTED FOR ADDITIONAL NAMED INSURED

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- 1. Structural alterations, new construction, maintenance, repair or demolition operations performed by or on behalf of the person or organization designated in the Schedule and/or performed by the above named Little League; and
- 2. That part of the ball field or other premises not being used by the above named Little League.

#### NAME AND ADDRESS OF PERSON OR ORGANIZATION:

City of Lake Mary 550 Rantoul Lane Lake Mary, FL 32746

| INSURED   | CANCELLATION   |
|---|--|
| Little League Baseball Risk Purchasing Group, Incorporated 539 U.S. RT. 15 Highway South Williamsport, PA 17702 | 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

## **DISCLAIMER**



DATE (MM/DD/YYYY) 3/11/2020

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 have ADDITIONAL INSURED provisions or be endorsed.

|   |              | BROGATION IS WAIVED, subject to<br>certificate does not confer rights to   |                       |                           |   | ıch end           | dorsement(s)                               | •                               | equire an endorseme                          | nt. A st    | atement on |
|---|--------------|--|-----------------------|---------------------------|---|-------------------|--|---------------------------------|--|-------------|------------|
| PROI                                      | DUCE         | ER   |                       |                           |   | CONTA<br>NAME:    | David IIV                                  | vin                             |  |             |            |
| Key                                       | /stor        | ne Risk Managers, LLC  |                       |                           |   | PHONE<br>(A/C, No | o, Ext): (570) 4                           | 173-2150                        | FAX<br>(A/C, N                               | (570) (570) | 473-2151   |
| 199                                       | 5 P          | Point Township Drive   |                       |                           |   | E-MAIL<br>ADDRE   | Dimi.                                      | Keystoneinso                    | grp.com                                      |             |            |
|   |              |  |                       |                           |   |                   | INS  | URER(S) AFFOR                   | DING COVERAGE                                |             | NAIC#      |
| Noi                                       | thur         | mberland   |                       |                           | PA 17867                                    | INSURE            | RA: Lexingto                               | on Insurance                    | Company                                      |             | 19437      |
| INSU                                      | RED          |  |                       |                           |   | INSURE            | RB: AIG Spe                                | ecialty Insura                  | nce Company                                  |             | 26883      |
|   |              | Little League Baseball Risk Po   | urch                  | asing                     | Group, Incorporated                         | INSURE            | RC:  |                                 |  |             |            |
|   |              | LAKE MARY LL   |                       |                           |   | INSURE            | RD:  |                                 |  |             |            |
|   |              | 467 Still Forest Terrace   |                       |                           |   | INSURE            | RE:  |                                 |  |             |            |
|   |              | Sanford  |                       |                           | FL 32771                                    | INSURE            | RF:  |                                 |  |             |            |
|   |              |  |                       |                           | NUMBER:                                     |                   |  |                                 | REVISION NUMBER:                             |             |            |
| IN<br>CE<br>E)                            | DIC/<br>ERTI | IS TO CERTIFY THAT THE POLICIES ATED. NOTWITHSTANDING ANY REC IFICATE MAY BE ISSUED OR MAY P USIONS AND CONDITIONS OF SUCH P | QUIR<br>PERT<br>POLIC | REMEN<br>AIN, TO<br>CIES. | NT, TERM OR CONDITION THE INSURANCE AFFORDE | OF AN'<br>ED BY   | Y CONTRACT<br>THE POLICIES<br>REDUCED BY I | OR OTHER DESCRIBED PAID CLAIMS. | DOCUMENT WITH RESP                           | ECT TO      | WHICH THIS |
| INSR<br>LTR                               |              | TYPE OF INSURANCE  | ADDL<br>INSD          | SUBR<br>WVD               | POLICY NUMBER                               |                   | POLICY EFF<br>(MM/DD/YYYY)                 | POLICY EXP<br>(MM/DD/YYYY)      | LII  | MITS        |            |
|   | X            | COMMERCIAL GENERAL LIABILITY   |                       |                           |   |                   |  |                                 | EACH OCCURRENCE                              | \$          | 1,000,000  |
|   |              | CLAIMS-MADE X OCCUR  |                       |                           |   |                   |  |                                 | DAMAGE TO RENTED<br>PREMISES (Ea occurrence) | \$          | 300,000    |
|   |              |  |                       |                           |   |                   |  |                                 | MED EXP (Any one person)                     | \$          | Excluded   |
| Α   |              |  | Χ                     |                           | 011405740                                   |                   | 01/01/2020                                 | 01/01/2021                      | PERSONAL & ADV INJURY                        | \$          | 1,000,000  |
|   | GEI          | N'L AGGREGATE LIMIT APPLIES PER:   |                       |                           |   |                   |  |                                 | GENERAL AGGREGATE                            | \$          | 2,000,000  |
|   |              | POLICY PRO-<br>JECT LOC  |                       |                           |   |                   |  |                                 | PRODUCTS - COMP/OP AG                        | G \$        | 1,000,000  |
|   | X            | OTHER: Per League  |                       |                           |   |                   |  |                                 | SEXUAL ABUSE OCC/AGG                         | \$          | 1M/\$1M    |
|   | AUT          | TOMOBILE LIABILITY   |                       |                           |   |                   |  |                                 | COMBINED SINGLE LIMIT (Ea accident)          | \$          |            |
|   |              | ANY AUTO   |                       |                           |   |                   |  |                                 | BODILY INJURY (Per person                    | ) \$        |            |
|   |              | OWNED SCHEDULED AUTOS  |                       |                           |   |                   |  |                                 | BODILY INJURY (Per accide                    | nt) \$      |            |
|   |              | HIRED NON-OWNED AUTOS ONLY   |                       |                           |   |                   |  |                                 | PROPERTY DAMAGE (Per accident)               | \$          |            |
|   |              |  |                       |                           |   |                   |  |                                 |  | \$          |            |
|   |              | UMBRELLA LIAB OCCUR  |                       |                           |   |                   |  |                                 | EACH OCCURRENCE                              | \$          |            |
|   |              | EXCESS LIAB CLAIMS-MADE  |                       |                           |   |                   |  |                                 | AGGREGATE                                    | \$          |            |
|   |              | DED RETENTION\$  |                       |                           |   |                   |  |                                 | DED  | \$          |            |
|   |              | RKERS COMPENSATION DEMPLOYERS' LIABILITY Y/N   |                       |                           |   |                   |  |                                 | PER OTH-                                     |             |            |
|   | ANY<br>OFF   | /PROPRIETOR/PARTNER/EXECUTIVE  | N/A                   |                           |   |                   |  |                                 | E.L. EACH ACCIDENT                           | \$          |            |
| (Mandatory in NH)  If yes, describe under |              |  |                       |                           |   |                   |  |                                 | E.L. DISEASE - EA EMPLOY                     | EE \$       |            |
|   | DES          | SCRIPTION OF OPERATIONS below  |                       |                           |   |                   |  |                                 | E.L. DISEASE - POLICY LIM                    | Т \$        |            |
|   |              |  |                       |                           |   |                   |  |                                 |  |             |            |
|   |              |  |                       |                           |   |                   |  |                                 |  |             |            |
|   |              |  |                       |                           |   |                   |  |                                 |  |             |            |
| DESC                                      | :RIP1        | TION OF OPERATIONS / LOCATIONS / VEHICLI   | ES (A                 | CORD                      | 101, Additional Remarks Schedul             | ie, may be        | e attached if more                         | e space is require              | ed)  |             |            |
| Cer                                       | tifica       | cate Holder is named as Additional Ins   | sure                  | d per                     | form CG 2026 (04/13)                        |                   |  |                                 |  |             |            |

| CERTIFICATE HOLDER |          | CANCELLATION   |
|--------------------|----------|--|
| City of Lake Mary  |          | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| 550 Rantoul Lane   |          | AUTHORIZED REPRESENTATIVE  |
| Lake Mary          | FL 32746 | Lauri  |
|                    |          | © 1988-2015 ACORD CORPORATION. All rights reserved.  |

## THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

# ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

#### **SCHEDULE**

### Name Of Additional Insured Person(s) Or Organization(s):

City of Lake Mary 550 Rantoul Lane Lake Mary, FL 32746

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

- A. Section II Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:
  - In the performance of your ongoing operations; or
  - **2.** In connection with your premises owned by or rented to you.

#### However:

- The insurance afforded to such additional insured only applies to the extent permitted by law; and
- 2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B.** With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:** 

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
- **2.** Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

| CERTIFICATE OF  |                 | DATE (MM/DD/YY)<br>03/11/20   |            |  |  |
|---|-----------------|-------------------------------|------------|--|--|
| PRODUCER  Keystone Risk Managers, LLC                 | CERTIFICATE #   | 3091429-2020-3                | 3 09 23    |  |  |
| 1995 Point Township Drive<br>Northumberland, PA 17867 | INSURERS AF     | FORDING COVERAGE:             |            |  |  |
| ADDITIONAL NAMED INSURED:                             | INSURER A:      | Lexington Insurance Company   | /          |  |  |
| LAKE MARY LL  | INSURER B:      | National Union Fire Insurance | Company of |  |  |
| Ben Bartlett<br>467 Still Forest Terrace              | (Non-Liability) | ty) Pittsburgh, PA            |            |  |  |
| Sanford, FL 32771                                     | INSURER C:      | AIG Specialty Insurance Comp  | pany       |  |  |
|   |                 |                               |            |  |  |

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| INSR<br>LTR | ADD'L<br>NAMED<br>INSRD |                          | TYPE OF INSURANCE                         | POLICY NUMBER  | POLICY EFFECTIVE<br>DATE (MM/DD/YYYY)        | POLICY EXPIRATION<br>DATE (MM/DD/YYYY) | LIMITS   |                                   |
|-------------|-------------------------|--------------------------|---|--|--|--|--|-----------------------------------|
|             |                         | GENERAL LIABILITY        |   |  |  | EACH OCCURRENCE                        | \$1,000,000  |                                   |
| Α           | X                       | X                        | OCCURRENCE                                | 011405740  | 01/01/2020                                   | 01/01/2021                             | GENERAL AGGREGATE  | \$2,000,000                       |
|             |                         | Χ                        | INCL PARTICIPANTS                         | Property Damage  | e Deductible: \$250                          |  | PRODUCTS/COMP OPS<br>AGGREGATE                                 | \$1,000,000                       |
|             |                         | X SEXUAL ABUSE           |   |  |  |  | Sexual Abuse<br>OCCURRENCE                                     | \$1,000,000                       |
|             |                         | ^                        | SEXUAL ABUSE                              |  |  |  | Sexual Abuse<br>AGGREGATE                                      | \$1,000,000                       |
|             |                         |                          | MEDICAL PAYMENTS                          |  |  | Any One Person                         |  |                                   |
|             |                         | DIRECTORS & OFFICERS     |   | DIRECTORS & OFFICERS 018251940 01/01/2020 01/01/2021                             |  | EACH LOSS                              | \$1,000,000  |                                   |
| С           | Х                       |                          |   | 010201040 01/01/2020 01/01/2021  |  |  | AGGREGATE  | \$1,000,000                       |
| С           | Х                       | CYBER LIABILITY COVERAGE |   | CYBER LIABILITY COVERAGE         019502676         01/01/2020         01/01/2021 |  | 01/01/2021                             | LIMIT OF LIABILITY<br>CLAIMS MADE                              | \$100,000 PER<br>LEAGUE AGGREGATE |
|             | S&P                     | SE                       | CURITY AND PRIVACY LIABILITY<br>INSURANCE | ' '  | LEAGUE SUBLIMIT OF LIABILITY EAGUE RETENTION |  | RETROACTIVE DATE POLICY INCEPTION                              | CONTINUITY DATE POLICY INCEPTION  |
|             |                         | REC                      | GULATORY ACTION SUBLIMIT OF<br>LIABILITY  |  | AGUE SUBLIMIT O                              | F LIABILITY                            | roller moler non   | FOLICT INCLETION                  |
|             | EM                      | EVI                      | ENT MANAGEMENT INSURANCE                  |  | AGUE SUBLIMIT O                              | F LIABILITY                            | NOT APPLICABLE   | POLICY INCEPTION                  |
| Α           | Х                       | CRIME COVERAGE           |   | 011408729  | 01/01/2020                                   | 01/01/2021                             | EACH LOSS  | \$35,000                          |
|             |                         |                          |   | Crime Deductible   | e: \$250 Property/\$1                        | AGGREGATE                              | NONE   |                                   |
| В           | Х                       | SPORTS EXCESS ACCIDENT   |   | SRG9105434   | 01/01/2020                                   | 01/01/2021                             | As in Master Policy:<br>Med. Max. \$100,000<br>Deductible \$50 | As in Master Policy<br>Excess     |

#### "X" INDICATES COVERAGE(S) SELECTED FOR ADDITIONAL NAMED INSURED

#### **ADDITIONAL INSURED**

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- 1. Structural alterations, new construction, maintenance, repair or demolition operations performed by or on behalf of the person or organization designated in the Schedule and/or performed by the above named Little League; and
- 2. That part of the ball field or other premises not being used by the above named Little League.

#### NAME AND ADDRESS OF PERSON OR ORGANIZATION:

Heathrow Master Association 995 Heathrow Blvd Heathrow, FL 32746

| INSURED   | CANCELLATION   |
|---|--|
| Little League Baseball Risk Purchasing Group, Incorporated 539 U.S. RT. 15 Highway South Williamsport, PA 17702 | 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

## **DISCLAIMER**



DATE (MM/DD/YYYY) 3/11/2020

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 have ADDITIONAL INSURED provisions or be endorsed.

|          |              | BROGATION IS WAIVED, sertificate does not confer r  |                            |               |                          |   | uch end           | dorsement(s             |                    | require an endorsemen                        | . A st | atement on |
|----------|--------------|---|----------------------------|---------------|--------------------------|---|-------------------|-------------------------|--------------------|--|--------|------------|
| PRO      | DUCE         | R   |                            |               |                          |   | CONTA<br>NAME:    | CT David Irv            | vin                |  |        |            |
| Ke       | /stor        | ne Risk Managers, LLC   |                            |               |                          |   | PHONE<br>(A/C, No | (EZO) (                 | 173-2150           | FAX<br>(A/C, No):                            | (570)  | 473-2151   |
| 199      | 95 Pc        | oint Township Drive   |                            |               |                          |   | E-MAIL<br>ADDRE   | ss: DIrwin@             | Keystoneins        | grp.com                                      |        |            |
|          |              |   |                            |               |                          |   |                   | INS                     | URER(S) AFFOR      | DING COVERAGE                                |        | NAIC#      |
| No       | thur         | nberland  |                            |               |                          | PA 17867  | INSURE            | RA: Lexingto            | on Insurance       | Company                                      |        | 19437      |
| INSU     | RED          |   |                            |               |                          |   | INSURE            | RB: AIG Spe             | ecialty Insura     | nce Company                                  |        | 26883      |
|          |              | Little League Baseball  | l Risk P                   | urcha         | asing                    | Group, Incorporated   | INSURE            | R C :                   |                    |  |        |            |
|          |              | LAKE MARY LL  |                            |               |                          |   | INSURE            | RD:                     |                    |  |        |            |
|          |              | 467 Still Forest Terrac   | ce                         |               |                          |   | INSURE            | RE:                     |                    |  |        |            |
|          |              | Sanford   |                            |               |                          | FL 32771  | INSURE            | RF:                     |                    |  |        |            |
|          |              | AGES  |                            |               |                          | NUMBER:   |                   |                         |                    | REVISION NUMBER:                             |        |            |
| IN<br>CI | DIC/<br>ERTI | S TO CERTIFY THAT THE PO<br>TED. NOTWITHSTANDING A<br>FICATE MAY BE ISSUED OR<br>ISIONS AND CONDITIONS OF | ANY REC<br>MAY F<br>SUCH F | QUIR<br>PERTA | REMEN<br>AIN, T<br>CIES. | NT, TERM OR CONDITION<br>THE INSURANCE AFFORDI<br>LIMITS SHOWN MAY HAVE | OF AN'<br>ED BY   | Y CONTRACT THE POLICIES | OR OTHER I         | DOCUMENT WITH RESPE                          | CT TO  | WHICH THIS |
| LTR      |              | TYPE OF INSURANCE   |                            | INSD          | WVD                      | POLICY NUMBER   |                   | (MM/DD/YYYY)            | (MM/DD/YYYY)       | LIMIT  | S      |            |
|          | X            | COMMERCIAL GENERAL LIABILIT   | Y                          |               |                          |   |                   |                         |                    | EACH OCCURRENCE<br>DAMAGE TO RENTED          | \$     | 1,000,000  |
|          |              | CLAIMS-MADE X OCCUI   | R                          |               |                          |   |                   |                         |                    | PREMISES (Ea occurrence)                     | \$     | 300,000    |
|          |              |   |                            |               |                          |   |                   |                         |                    | MED EXP (Any one person)                     | \$     | Excluded   |
| Α        |              |   |                            | Х             |                          | 011405740   |                   | 01/01/2020              | 01/01/2021         | PERSONAL & ADV INJURY                        | \$     | 1,000,000  |
|          | GEN          | N'L AGGREGATE LIMIT APPLIES PER   | ₹:                         |               |                          |   |                   |                         |                    | GENERAL AGGREGATE                            | \$     | 2,000,000  |
|          |              | POLICY PRO-<br>JECT LOC   | ;                          |               |                          |   |                   |                         |                    | PRODUCTS - COMP/OP AGG                       | \$     | 1,000,000  |
|          | X            | OTHER: Per League   |                            |               |                          |   |                   |                         |                    | SEXUAL ABUSE OCC/AGG COMBINED SINGLE LIMIT   | \$     | 1M/\$1M    |
|          | AUI          | OMOBILE LIABILITY  ANY AUTO   |                            |               |                          |   |                   |                         |                    | (Ea accident)                                | \$     |            |
|          |              | OWNED SCHEDULI  | ED                         |               |                          |   |                   |                         |                    | BODILY INJURY (Per person)                   | \$     |            |
|          |              | AUTOS ONLY AUTOS NON-OWN  |                            |               |                          |   |                   |                         |                    | BODILY INJURY (Per accident) PROPERTY DAMAGE | \$     |            |
|          |              | AUTOS ONLY AUTOS ON   | 1LY                        |               |                          |   |                   |                         |                    | (Per accident)                               | \$     |            |
|          |              | UMBRELLA LIAB OCCUI   |                            | -             |                          |   |                   |                         |                    | FACILOCOURRENOS                              | \$     |            |
|          |              | 0000  | IS-MADE                    |               |                          |   |                   |                         |                    | AGGREGATE                                    | \$     |            |
|          |              | DED RETENTION\$   | O WINDE                    |               |                          |   |                   |                         |                    | ACCINE ON E                                  | \$     |            |
|          |              | KERS COMPENSATION   |                            | -             |                          |   |                   |                         |                    | PER OTH-<br>STATUTE ER                       | Ψ      |            |
|          |              | EMPLOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE   | Y/N                        |               |                          |   |                   |                         |                    | E.L. EACH ACCIDENT                           | \$     |            |
|          | OFFI         | CER/MEMBER EXCLUDED?  |                            | N/A           |                          |   |                   |                         |                    | E.L. DISEASE - EA EMPLOYEE                   |        |            |
|          | If yes       | s, describe under<br>CRIPTION OF OPERATIONS below   |                            |               |                          |   |                   |                         |                    | E.L. DISEASE - POLICY LIMIT                  | \$     |            |
|          |              | 2. 2. 2. 2. 2   |                            |               |                          |   |                   |                         |                    | <del> </del>                                 |        |            |
|          |              |   |                            |               |                          |   |                   |                         |                    |  |        |            |
| DES      | CRIPT        | ION OF OPERATIONS / LOCATIONS   | / VEHICL                   | ES (A         | CORD                     | 101, Additional Remarks Schedul   | le, may be        | e attached if more      | e space is require | ed)  |        |            |

Certificate Holder is named as Additional Insured per form CG 2026 (04/13) **CERTIFICATE HOLDER CANCELLATION** SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN **Heathrow Master Association** ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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995 Heathrow Blvd

Heathrow

FL 32746

## THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

# ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

#### **SCHEDULE**

### Name Of Additional Insured Person(s) Or Organization(s):

Heathrow Master Association 995 Heathrow Blvd Heathrow, FL 32746

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

- A. Section II Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:
  - In the performance of your ongoing operations; or
  - **2.** In connection with your premises owned by or rented to you.

#### However:

- The insurance afforded to such additional insured only applies to the extent permitted by law; and
- 2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B.** With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:** 

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
- 2. Available under the applicable Limits of Insurance shown in the Declarations:

whichever is less.

| CERTIFICATE OF  | LIABILITY INSURANCE DATE (MM/DD/YY) 03/11/20        |   |
|---|---|---|
| PRODUCER  Keystone Risk Managers, LLC                 | CERTIFICATE #: 3091429-2020-3 3 09 23               |   |
| 1995 Point Township Drive<br>Northumberland, PA 17867 | INSURERS AFFORDING COVERAGE:                        |   |
| ADDITIONAL NAMED INSURED:                             | INSURER A: Lexington Insurance Company              |   |
| LAKE MARY LL  | INSURER B: National Union Fire Insurance Company of | f |
| Ben Bartlett<br>467 Still Forest Terrace              | (Non-Liability) Pittsburgh, PA                      |   |
| Sanford, FL 32771                                     | INSURER C: AIG Specialty Insurance Company          |   |
|   | ·   |   |

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR<br>LTR | ADD'L<br>NAMED<br>INSRD |                | TYPE OF INSURANCE                         | POLICY NUMBER  | POLICY EFFECTIVE<br>DATE (MM/DD/YYYY) | POLICY EXPIRATION<br>DATE (MM/DD/YYYY) | LIN  | IITS                              |
|-------------|-------------------------|----------------|---|--|---------------------------------------|--|--|-----------------------------------|
|             |                         |                | GENERAL LIABILITY                         |  |                                       |  | EACH OCCURRENCE  | \$1,000,000                       |
| Α           | Х                       | X              | OCCURRENCE                                | 011405740  | 01/01/2020                            | 01/01/2021                             | GENERAL AGGREGATE  | \$2,000,000                       |
|             |                         | X              | INCL PARTICIPANTS                         | Property Damage  | e Deductible: \$250                   |  | PRODUCTS/COMP OPS<br>AGGREGATE                                 | \$1,000,000                       |
|             |                         | X SEXUAL ABUSE |   |  |                                       |  | Sexual Abuse<br>OCCURRENCE                                     | \$1,000,000                       |
|             |                         | X              | SEXUAL ABUSE                              |  |                                       |  | Sexual Abuse<br>AGGREGATE                                      | \$1,000,000                       |
|             |                         |                | MEDICAL PAYMENTS                          |  |                                       |  | Any One Person   |                                   |
|             |                         |                |   | 018251940  | 01/01/2020                            | 01/01/2021                             | EACH LOSS  | \$1,000,000                       |
| С           | Х                       |                | DIRECTORS & OFFICERS                      | 016251940  | 01/01/2020                            | 01/01/2021                             | AGGREGATE  | \$1,000,000                       |
| С           | Х                       | CY             | BER LIABILITY COVERAGE                    | 019502676  | 01/01/2020                            | 01/01/2021                             | LIMIT OF LIABILITY<br>CLAIMS MADE                              | \$100,000 PER<br>LEAGUE AGGREGATE |
|             | S&P                     | SE             | CURITY AND PRIVACY LIABILITY<br>INSURANCE | \$100,000 PER LEAGUE SUBLIMIT OF LIABILITY<br>\$1,000 PER LEAGUE RETENTION |                                       |  | RETROACTIVE DATE POLICY INCEPTION                              | CONTINUITY DATE POLICY INCEPTION  |
|             |                         | REC            | GULATORY ACTION SUBLIMIT OF<br>LIABILITY  | \$100,000 PER LEAGUE SUBLIMIT OF LIABILITY<br>\$1,000 PER LEAGUE RETENTION |                                       |  | FOLICY INCEPTION   | FOLICY INCEPTION                  |
|             | EM                      | EVI            | ENT MANAGEMENT INSURANCE                  |  | EAGUE SUBLIMIT O                      | F LIABILITY                            | NOT APPLICABLE   | POLICY INCEPTION                  |
| Α           | Х                       |                | CRIME COVERAGE                            | 011408729  | 01/01/2020                            | 01/01/2021                             | EACH LOSS  | \$35,000                          |
|             |                         |                |   | Crime Deductible   | e: \$250 Property/\$1                 | ,000 Money                             | AGGREGATE  | NONE                              |
| В           | х                       |                | PORTS EXCESS ACCIDENT                     | SRG9105434   | 01/01/2020                            | 01/01/2021                             | As in Master Policy:<br>Med. Max. \$100,000<br>Deductible \$50 | As in Master Policy<br>Excess     |

#### "X" INDICATES COVERAGE(S) SELECTED FOR ADDITIONAL NAMED INSURED

#### **ADDITIONAL INSURED**

Who is an Insured (SECTION II) of the General Liability policy is amended to include as an insured the person or organization shown in the schedule, but only with respect to liability arising out of the above named Little League's maintenance or use of ball fields, or other premises loaned, donated, or rented to that Little League by such person or organizations and subject to the following additional exclusions:

- 1. Structural alterations, new construction, maintenance, repair or demolition operations performed by or on behalf of the person or organization designated in the Schedule and/or performed by the above named Little League; and
- 2. That part of the ball field or other premises not being used by the above named Little League.

#### NAME AND ADDRESS OF PERSON OR ORGANIZATION:

Seminole County Board of County Commisioners 3450 E Lake Mary Blvd SANFORD, FL 32773

| INSURED   | CANCELLATION  |
|---|---|
| Little League Baseball Risk Purchasing Group, Incorporated 539 U.S. RT. 15 Highway South Williamsport, PA 17702 | 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 KEPRESENTATIVE |

## **DISCLAIMER**



DATE (MM/DD/YYYY) 3/11/2020

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 have ADDITIONAL INSURED provisions or be endorsed

| If SU                 | IBROGATION IS WAIVED, subject certificate does not confer rights to   | to the                    | terms and conditions   | of the poli              | cy, certain po                          | olicies may i                             | •  | t. As | statement on |
|-----------------------|---|---------------------------|--|--------------------------|---|---|--|-------|--------------|
| PRODUC                | ER  |                           |  | CONTA<br>NAME:           | <b>С</b> Т David Irv                    | win                                       |  |       |              |
| Keysto                | one Risk Managers, LLC  |                           |  | PHONE<br>(A/C. N         | E <sub>o, Ext):</sub> (570) 4           | 473-2150                                  | FAX<br>(A/C, No):                            | (570  | ) 473-2151   |
| 1995 F                | Point Township Drive  |                           |  | E-MAIL<br>ADDRE          |   | Keystoneins                               |  |       |              |
|                       |   |                           |  |                          | INS                                     | SURER(S) AFFOR                            | RDING COVERAGE                               |       | NAIC#        |
| Northu                | ımberland   |                           | PA 17867   | INSURI                   | ER A: Lexingte                          | on Insurance                              | Company                                      |       | 19437        |
| INSURED               | )   |                           |  | INSURI                   | ERB: AIG Sp                             | ecialty Insura                            | nce Company                                  |       | 26883        |
|                       | Little League Baseball Risk I   | Purchas                   | sing Group, Incorporated   | INSURI                   | ER C :                                  |   |  |       |              |
|                       | LAKE MARY LL  |                           |  | INSURI                   | ER D :                                  |   |  |       |              |
|                       | 467 Still Forest Terrace  |                           |  | INSURI                   | ER E :                                  |   |  |       |              |
|                       | Sanford   |                           | FL 32771   | INSURI                   | ER F :                                  |   |  |       |              |
| COVE                  | RAGES CER   | TIFICA                    | ATE NUMBER:  |                          |   |   | REVISION NUMBER:                             |       |              |
| INDIC<br>CERT<br>EXCL | IS TO CERTIFY THAT THE POLICIES CATED. NOTWITHSTANDING ANY RIFICATE MAY BE ISSUED OR MAY JUSIONS AND CONDITIONS OF SUCH | EQUIRE<br>PERTA<br>POLICI | MENT, TERM OR CONDI<br>IN, THE INSURANCE AFI<br>ES. LIMITS SHOWN MAY | ITION OF AN<br>FORDED BY | Y CONTRACT<br>THE POLICIE<br>REDUCED BY | OR OTHER I<br>S DESCRIBEI<br>PAID CLAIMS. | DOCUMENT WITH RESPE<br>D HEREIN IS SUBJECT T | CT TO | WHICH THIS   |
| INSR<br>LTR           | TYPE OF INSURANCE   | ADDL S<br>INSD V          | NVD POLICY NUMB  | 3ER                      | POLICY EFF<br>(MM/DD/YYYY)              | POLICY EXP<br>(MM/DD/YYYY)                | LIMI   | TS    |              |
| X                     | COMMERCIAL GENERAL LIABILITY  |                           |  | ·                        |   |   | EACH OCCURRENCE                              | \$    | 1,000,000    |
|                       | CLAIMS-MADE X OCCUR   |                           |  |                          |   |   | DAMAGE TO RENTED<br>PREMISES (Ea occurrence) | \$    | 300,000      |
|                       |   |                           |  |                          |   |   | MED EXP (Any one person)                     | \$    | Excluded     |
| ^                     |   | X                         | 011405740  |                          | 01/01/2020                              | 01/01/2021                                | DEDOCALAL O ABY IN HIBY                      |       | 1 000 000    |

| LTR         |         | TYPE OF INSURANCE                                 | INSD   | WVD   | POLICY NUMBER                           | (MM/DD/YYYY)      | (MM/DD/YYYY)       | LIMIT  | S            |
|-------------|---------|---|--------|-------|---|-------------------|--------------------|--|--------------|
|             | X       | COMMERCIAL GENERAL LIABILITY                      |        |       |   |                   |                    | EACH OCCURRENCE                              | \$ 1,000,000 |
|             |         | CLAIMS-MADE X OCCUR                               |        |       |   |                   |                    | DAMAGE TO RENTED<br>PREMISES (Ea occurrence) | \$ 300,000   |
|             |         |   |        |       |   |                   |                    | MED EXP (Any one person)                     | \$ Excluded  |
| Α           |         |   | Х      |       | 011405740                               | 01/01/2020        | 01/01/2021         | PERSONAL & ADV INJURY                        | \$ 1,000,000 |
|             | GEN     | I'L AGGREGATE LIMIT APPLIES PER:                  |        |       |   |                   |                    | GENERAL AGGREGATE                            | \$ 2,000,000 |
|             |         | POLICY PRO-<br>JECT LOC                           |        |       |   |                   |                    | PRODUCTS - COMP/OP AGG                       | \$ 1,000,000 |
|             | X       | OTHER: Per League                                 |        |       |   |                   |                    | SEXUAL ABUSE OCC/AGG                         | \$ 1M/\$1M   |
|             | AUT     | OMOBILE LIABILITY                                 |        |       |   |                   |                    | COMBINED SINGLE LIMIT (Ea accident)          | \$           |
|             |         | ANY AUTO  |        |       |   |                   |                    | BODILY INJURY (Per person)                   | \$           |
|             |         | OWNED SCHEDULED AUTOS ONLY                        |        |       |   |                   |                    | BODILY INJURY (Per accident)                 | \$           |
|             |         | HIRED NON-OWNED AUTOS ONLY AUTOS ONLY             |        |       |   |                   |                    | PROPERTY DAMAGE (Per accident)               | \$           |
|             |         |   |        |       |   |                   |                    |  | \$           |
|             |         | UMBRELLA LIAB OCCUR                               |        |       |   |                   |                    | EACH OCCURRENCE                              | \$           |
|             |         | EXCESS LIAB CLAIMS-MADE                           |        |       |   |                   |                    | AGGREGATE                                    | \$           |
|             |         | DED RETENTION\$                                   |        |       |   |                   |                    |  | \$           |
|             |         | RKERS COMPENSATION EMPLOYERS' LIABILITY Y/N       |        |       |   |                   |                    | PER OTH-<br>STATUTE ER                       |              |
|             |         | PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED? | N/A    |       |   |                   |                    | E.L. EACH ACCIDENT                           | \$           |
|             | (Man    | adatory in NH)                                    |        |       |   |                   |                    | E.L. DISEASE - EA EMPLOYEE                   | \$           |
|             | DES     | CRIPTION OF OPERATIONS below                      |        |       |   |                   |                    | E.L. DISEASE - POLICY LIMIT                  | \$           |
|             |         |   |        |       |   |                   |                    |  |              |
|             |         |   |        |       |   |                   |                    |  |              |
| <b>DE</b> 6 |         |   |        |       | 404 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |                   | <u> </u>           | <u> </u>                                     |              |
| DES         | CRIPT   | ION OF OPERATIONS / LOCATIONS / VEHIC             | LES (A | CORD  | 101, Additional Remarks Schedule, may b | e attached if mor | e space is require | ed)  |              |
|             |         |   |        |       |   |                   |                    |  |              |
| Се          | rtifica | ate Holder is named as Additional Ir              | sure   | d per | form CG 2026 (04/13)                    |                   |                    |  |              |
|             |         |   |        |       | ( /                                     |                   |                    |  |              |
|             |         |   |        |       |   |                   |                    |  |              |
|             |         |   |        |       |   |                   |                    |  |              |
|             |         |   |        |       |   |                   |                    |  |              |

| CERTIFICATE HOLDER                           |          | CANCELLATION   |
|--|----------|--|
| Seminole County Board of County Commisioners |          | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| 3450 E Lake Mary Blvd                        |          | AUTHORIZED REPRESENTATIVE  |
| SANFORD                                      | FL 32773 | Lain sui   |
|  |          | © 1000 2015 ACORD CORPORATION All rights recorved  |

POLICY NUMBER: 011405740

## THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

# ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

#### **SCHEDULE**

### Name Of Additional Insured Person(s) Or Organization(s):

Seminole County Board of County Commisioners 3450 E Lake Mary Blvd SANFORD, FL 32773

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

- A. Section II Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:
  - In the performance of your ongoing operations; or
  - **2.** In connection with your premises owned by or rented to you.

#### However:

- The insurance afforded to such additional insured only applies to the extent permitted by law; and
- 2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B.** With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:** 

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
- 2. Available under the applicable Limits of Insurance shown in the Declarations:

whichever is less.

| CERTIFICATE OF  | DATE (MM/DD/YY)<br>03/11/20 |  |  |  |  |  |
|---|-----------------------------|--|--|--|--|--|
| PRODUCER  Keystone Risk Managers, LLC                 | CERTIFICATE #:              | 3091429-2020-3 3 09 23                   |  |  |  |  |
| 1995 Point Township Drive<br>Northumberland, PA 17867 | INSURERS AFF                | ORDING COVERAGE:                         |  |  |  |  |
| ADDITIONAL NAMED INSURED:                             | INSURER A:                  | Lexington Insurance Company              |  |  |  |  |
| LAKE MARY LL  | INSURER B:                  | National Union Fire Insurance Company of |  |  |  |  |
| Ben Bartlett<br>467 Still Forest Terrace              | (Non-Liability)             | Pittsburgh, PA                           |  |  |  |  |
| Sanford, FL 32771                                     | INSURER C:                  | AIG Specialty Insurance Company          |  |  |  |  |
|   |                             |  |  |  |  |  |

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR<br>LTR | ADD'L<br>NAMED<br>INSRD |                      | TYPE OF INSURANCE                         | POLICY NUMBER  | POLICY EFFECTIVE<br>DATE (MM/DD/YYYY) | POLICY EXPIRATION<br>DATE (MM/DD/YYYY) | LIN  | IITS                              |
|-------------|-------------------------|----------------------|---|--|---------------------------------------|--|--|-----------------------------------|
|             |                         | GENERAL LIABILITY    |   |  |                                       |  | EACH OCCURRENCE  | \$1,000,000                       |
| Α           | X                       | X                    | OCCURRENCE                                | 011405740  | 01/01/2020                            | 01/01/2021                             | GENERAL AGGREGATE  | \$2,000,000                       |
|             |                         |                      |   | Property Damage  | e Deductible: \$250                   |  | PRODUCTS/COMP OPS<br>AGGREGATE                                 | \$1,000,000                       |
|             |                         | Χ                    | SEXUAL ABUSE                              |  |                                       |  | Sexual Abuse<br>OCCURRENCE                                     | \$1,000,000                       |
|             |                         | ^                    | SEXUAL ABUSE                              |  |                                       |  | Sexual Abuse<br>AGGREGATE                                      | \$1,000,000                       |
|             |                         |                      | MEDICAL PAYMENTS                          |  |                                       | Any One Person                         |  |                                   |
|             |                         |                      |   | 018251940  | 01/01/2020                            | 01/01/2021                             | EACH LOSS  | \$1,000,000                       |
| С           | Х                       | DIRECTORS & OFFICERS |   | 010231940 01/01/2020 01/01/2021  |                                       | AGGREGATE                              | \$1,000,000  |                                   |
| С           | Х                       | CY                   | BER LIABILITY COVERAGE                    | 019502676  | 01/01/2020                            | 01/01/2021                             | LIMIT OF LIABILITY<br>CLAIMS MADE                              | \$100,000 PER<br>LEAGUE AGGREGATE |
|             | S&P                     | SE                   | CURITY AND PRIVACY LIABILITY<br>INSURANCE | \$100,000 PER LEAGUE SUBLIMIT OF LIABILITY<br>\$1,000 PER LEAGUE RETENTION |                                       |  | RETROACTIVE DATE POLICY INCEPTION                              | CONTINUITY DATE POLICY INCEPTION  |
|             |                         | REC                  | GULATORY ACTION SUBLIMIT OF<br>LIABILITY  | \$100,000 PER LEAGUE SUBLIMIT OF LIABILITY<br>\$1,000 PER LEAGUE RETENTION |                                       |  | roller moler non   | FOLICT INCLETION                  |
|             | EM                      | EVI                  | ENT MANAGEMENT INSURANCE                  |  | AGUE SUBLIMIT O                       | F LIABILITY                            | NOT APPLICABLE   | POLICY INCEPTION                  |
| Α           | Х                       |                      | CRIME COVERAGE                            | 011408729  | 01/01/2020                            | 01/01/2021                             | EACH LOSS  | \$35,000                          |
|             |                         |                      |   | Crime Deductible   | e: \$250 Property/\$1                 | ,000 Money                             | AGGREGATE  | NONE                              |
| В           | Х                       |                      | PORTS EXCESS ACCIDENT                     | SRG9105434   | 01/01/2020                            | 01/01/2021                             | As in Master Policy:<br>Med. Max. \$100,000<br>Deductible \$50 | As in Master Policy<br>Excess     |

### "X" INDICATES COVERAGE(S) SELECTED FOR ADDITIONAL NAMED INSURED

#### **ADDITIONAL INSURED**

Who is an Insured (SECTION II) of the General Liability policy is amended to include as an insured the person or organization shown in the schedule, but only with respect to liability arising out of the above named Little League's maintenance or use of ball fields, or other premises loaned, donated, or rented to that Little League by such person or organizations and subject to the following additional exclusions:

- 1. Structural alterations, new construction, maintenance, repair or demolition operations performed by or on behalf of the person or organization designated in the Schedule and/or performed by the above named Little League; and
- 2. That part of the ball field or other premises not being used by the above named Little League.

#### NAME AND ADDRESS OF PERSON OR ORGANIZATION:

Seminole County School Board 400 East Lake Mary Blvd Sanford, FL 32773

| INSURED   | CANCELLATION   |
|---|--|
| Little League Baseball Risk Purchasing Group, Incorporated 539 U.S. RT. 15 Highway South Williamsport, PA 17702 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |

## **DISCLAIMER**



DATE (MM/DD/YYYY) 3/11/2020

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.

| If          | IPORTANT: If the certificate holder i<br>SUBROGATION IS WAIVED, subject<br>is certificate does not confer rights to                             | to th        | ne ter      | ms and conditions of th                        | e polic           | y, certain po              | olicies may                | •  |                  |              |
|-------------|---|--------------|-------------|--|-------------------|----------------------------|----------------------------|--|------------------|--------------|
|             | DUCER   |              |             |  | CONTA<br>NAME:    |                            |                            |  |                  |              |
| Key         | stone Risk Managers, LLC  |              |             |  | PHONE<br>(A/C, No | (570) (                    | 173-2150                   | FAX<br>(A/C                              | X<br>C, No): (57 | 0) 473-2151  |
| 199         | 5 Point Township Drive  |              |             |  | E-MAIL<br>ADDRE   | Dimerin @                  | Keystoneins                |  | -,/-             |              |
|             |   |              |             |  |                   | INS                        | URER(S) AFFOR              | RDING COVERAGE                           |                  | NAIC#        |
| Noi         | thumberland   |              |             | PA 17867                                       | INSURE            | RA: Lexingto               | on Insurance               | Company                                  |                  | 19437        |
| INSU        | RED   |              |             |  | INSURE            | RB: AIG Spe                | ecialty Insura             | nce Company                              |                  | 26883        |
|             | Little League Baseball Risk F   | urch         | asing       | Group, Incorporated                            | INSURE            | RC:                        |                            |  |                  |              |
|             | LAKE MARY LL  |              |             |  | INSURE            | RD:                        |                            |  |                  |              |
|             | 467 Still Forest Terrace  |              |             |  | INSURE            | RE:                        |                            |  |                  |              |
|             | Sanford   |              |             | FL 32771                                       | INSURE            | RF:                        |                            |  |                  |              |
| CO          | VERAGES CER   | TIFIC        | CATE        | NUMBER:  |                   |                            |                            | REVISION NUMBE                           | ER:              |              |
| IN<br>CE    | HIS IS TO CERTIFY THAT THE POLICIES<br>DICATED. NOTWITHSTANDING ANY RE<br>ERTIFICATE MAY BE ISSUED OR MAY I<br>(CLUSIONS AND CONDITIONS OF SUCH | QUIF<br>PERT | REMEI       | NT, TERM OR CONDITION<br>THE INSURANCE AFFORDI | OF AN'<br>ED BY   | Y CONTRACT THE POLICIES    | OR OTHER I                 | DOCUMENT WITH RE                         | ESPECT TO        | O WHICH THIS |
| INSR<br>LTR | TYPE OF INSURANCE   |              | SUBR<br>WVD | POLICY NUMBER                                  |                   | POLICY EFF<br>(MM/DD/YYYY) | POLICY EXP<br>(MM/DD/YYYY) |  | LIMITS           |              |
|             | COMMERCIAL GENERAL LIABILITY  |              |             |  |                   |                            |                            | EACH OCCURRENCE                          | \$               | 1,000,000    |
|             | CLAIMS-MADE X OCCUR   |              |             |  |                   |                            |                            | DAMAGE TO RENTED PREMISES (Ea occurrence | ice) \$          | 300,000      |
|             |   |              |             |  |                   |                            |                            | MED EXP (Any one perso                   | on) \$           | Excluded     |
| Α           |   | Х            |             | 011405740                                      |                   | 01/01/2020                 | 01/01/2021                 | PERSONAL & ADV INJUR                     | RY \$            | 1,000,000    |
|             | GEN'L AGGREGATE LIMIT APPLIES PER:  |              |             |  |                   |                            |                            | GENERAL AGGREGATE                        | \$               | 2,000,000    |
|             | POLICY PRO-<br>JECT LOC   |              |             |  |                   |                            |                            | PRODUCTS - COMP/OP                       | AGG \$           | 1,000,000    |
|             | X OTHER: Per League   |              |             |  |                   |                            |                            | SEXUAL ABUSE OCC/AG                      |                  | 1M/\$1M      |
|             | AUTOMOBILE LIABILITY  |              |             |  |                   |                            |                            | COMBINED SINGLE LIMI (Ea accident)       | IIT \$           |              |
|             |   |              |             |  |                   |                            |                            |  |                  |              |

ANY AUTO BODILY INJURY (Per person) OWNED AUTOS ONLY HIRED SCHEDULED AUTOS NON-OWNED BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTOS ONLY **AUTOS ONLY** \$ UMBRELLA LIAB OCCUR EACH OCCURRENCE \$ **EXCESS LIAB** CLAIMS-MADE AGGREGATE \$ DED RETENTION \$ \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT \$ N/A (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$

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

Certificate Holder is named as Additional Insured per form CG 2026 (04/13)

| CERTIFICATE HOLDER              |          | CANCELLATION   |
|---------------------------------|----------|--|
| Seminole County School Board    |          | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| 400 East Lake Mary Blvd Sanford | FL 32773 | AUTHORIZED REPRESENTATIVE  |
| Camora                          | 11 02110 | fam em   |

## THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

# ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

#### **SCHEDULE**

### Name Of Additional Insured Person(s) Or Organization(s):

Seminole County School Board 400 East Lake Mary Blvd Sanford, FL 32773

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

- A. Section II Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:
  - In the performance of your ongoing operations; or
  - **2.** In connection with your premises owned by or rented to you.

#### However:

- The insurance afforded to such additional insured only applies to the extent permitted by law; and
- 2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B.** With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:** 

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
- 2. Available under the applicable Limits of Insurance shown in the Declarations:

whichever is less.

| CERTIFICATE OF  |                 | DATE (MM/DD/YY)<br>03/11/20     |            |  |  |  |
|---|-----------------|---------------------------------|------------|--|--|--|
| PRODUCER  Keystone Risk Managers, LLC                 | CERTIFICATE #   | 3091429-2020-3                  | 3 09 23    |  |  |  |
| 1995 Point Township Drive<br>Northumberland, PA 17867 | INSURERS AF     | INSURERS AFFORDING COVERAGE:    |            |  |  |  |
| ADDITIONAL NAMED INSURED:                             | INSURER A:      | Lexington Insurance Company     | /          |  |  |  |
| LAKE MARY LL  | INSURER B:      | National Union Fire Insurance   | Company of |  |  |  |
| Ben Bartlett<br>467 Still Forest Terrace              | (Non-Liability) | Pittsburgh, PA                  |            |  |  |  |
| Sanford, FL 32771                                     | INSURER C:      | AIG Specialty Insurance Company |            |  |  |  |
|   |                 |                                 |            |  |  |  |

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR<br>LTR | ADD'L<br>NAMED<br>INSRD |  | TYPE OF INSURANCE                         | POLICY NUMBER  | POLICY EFFECTIVE<br>DATE (MM/DD/YYYY) | POLICY EXPIRATION<br>DATE (MM/DD/YYYY) | LIMITS   |                                   |
|-------------|-------------------------|--|---|--|---------------------------------------|--|--|-----------------------------------|
|             |                         |  | GENERAL LIABILITY                         |  |                                       |  | EACH OCCURRENCE  | \$1,000,000                       |
| Α           | Х                       | X OCCURRENCE   |   | 011405740  | 01/01/2020                            | 01/01/2021                             | GENERAL AGGREGATE  | \$2,000,000                       |
|             |                         | Χ  | INCL PARTICIPANTS                         | Property Damage Deductible: \$250  |                                       |  | PRODUCTS/COMP OPS<br>AGGREGATE \$1,000,000                     |                                   |
|             |                         | Χ  | SEXUAL ABUSE                              |  |                                       |  | Sexual Abuse<br>OCCURRENCE                                     | \$1,000,000                       |
|             |                         | ^  | SEXUAL ABUSE                              |  |                                       |  | Sexual Abuse<br>AGGREGATE                                      | \$1,000,000                       |
|             |                         |  | MEDICAL PAYMENTS                          |  |                                       |  | Any One Person   |                                   |
|             |                         | X DIRECTORS & OFFICERS   |   | 018251940  | 01/01/2020                            | 01/01/2021                             | EACH LOSS  | \$1,000,000                       |
| С           | Х                       |  |   | 016231940  | 01/01/2020                            | 01/01/2021                             | AGGREGATE  | \$1,000,000                       |
| С           | Х                       | CYBER LIABILITY COVERAGE   |   | 019502676  | 01/01/2020                            | 01/01/2021                             | LIMIT OF LIABILITY<br>CLAIMS MADE                              | \$100,000 PER<br>LEAGUE AGGREGATE |
|             | S&P                     | SE   | CURITY AND PRIVACY LIABILITY<br>INSURANCE | \$100,000 PER LEAGUE SUBLIMIT OF LIABILITY<br>\$1,000 PER LEAGUE RETENTION |                                       |  | RETROACTIVE DATE POLICY INCEPTION                              | CONTINUITY DATE POLICY INCEPTION  |
|             |                         | REGULATORY ACTION SUBLIMIT OF LIABILITY  \$100,000 PER LEAGUE SUBLIMIT OF LIABILITY \$1,000 PER LEAGUE RETENTION |   |  |                                       | F LIABILITY                            | roller mole from   | FOLICT INCLETION                  |
|             | EM                      | EVI  | ENT MANAGEMENT INSURANCE                  | \$100,000 PER LEAGUE SUBLIMIT OF LIABILITY<br>\$1,000 PER LEAGUE RETENTION |                                       |  | NOT APPLICABLE   | POLICY INCEPTION                  |
| Α           | Х                       | CRIME COVERAGE   |   | 011408729  | 01/01/2020                            | 01/01/2021                             | EACH LOSS  | \$35,000                          |
|             |                         |  |   | Crime Deductible: \$250 Property/\$1,000 Money                             |                                       |  | AGGREGATE  | NONE                              |
| В           | Х                       |  | PORTS EXCESS ACCIDENT                     | SRG9105434   | 01/01/2020                            | 01/01/2021                             | As in Master Policy:<br>Med. Max. \$100,000<br>Deductible \$50 | As in Master Policy<br>Excess     |

#### "X" INDICATES COVERAGE(S) SELECTED FOR ADDITIONAL NAMED INSURED

## **ADDITIONAL INSURED**

Who is an Insured (SECTION II) of the General Liability policy is amended to include as an insured the person or organization shown in the schedule, but only with respect to liability arising out of the above named Little League's maintenance or use of ball fields, or other premises loaned, donated, or rented to that Little League by such person or organizations and subject to the following additional exclusions:

- 1. Structural alterations, new construction, maintenance, repair or demolition operations performed by or on behalf of the person or organization designated in the Schedule and/or performed by the above named Little League; and
- 2. That part of the ball field or other premises not being used by the above named Little League.

#### NAME AND ADDRESS OF PERSON OR ORGANIZATION:

City of Winter Springs 1126 East State Road 434 Winter Springs, FL 32708

| INSURED   | CANCELLATION   |
|---|--|
| Little League Baseball Risk Purchasing Group, Incorporated 539 U.S. RT. 15 Highway South Williamsport, PA 17702 | 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

## **DISCLAIMER**



DATE (MM/DD/YYYY) 3/11/2020

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.

| If  | IPORTANT: If the certificate holder i<br>SUBROGATION IS WAIVED, subject<br>is certificate does not confer rights to | to th       | ne te                              | rms and conditions of th | e polic  | y, certain po                             | olicies may ı              | •  |           |           |
|---|---|-------------|------------------------------------|--------------------------|--|---|----------------------------|--|-----------|-----------|
| PRODUCER  |   |             |                                    |                          | CONTACT David Irwin                              |   |                            |  |           |           |
| Keystone Risk Managers, LLC   |   |             |                                    |                          |  |   |                            |  |           | 473-2151  |
| 1995 Point Township Drive   |   |             |                                    |                          |  | E-MAIL ADDRESS: DIrwin@Keystoneinsgrp.com |                            |  |           |           |
|   |   |             |                                    |                          | INSURER(S) AFFORDING COVERAGE                    |   |                            |  |           | NAIC#     |
| Northumberland PA 17867   |   |             |                                    |                          | INSURER A: Lexington Insurance Company 1         |   |                            |  |           | 19437     |
| INSU  | RED   |             |                                    |                          | INSURER B: AIG Specialty Insurance Company 26883 |   |                            |  |           | 26883     |
|   | Little League Baseball Risk F   | urch        | asing                              | Group, Incorporated      | INSURER C:                                       |   |                            |  |           |           |
|   | LAKE MARY LL  |             |                                    |                          | INSURER D:                                       |   |                            |  |           |           |
|   | 467 Still Forest Terrace  |             |                                    |                          | INSURER E :                                      |   |                            |  |           |           |
|   | Sanford   |             |                                    | FL 32771                 | INSURER F:                                       |   |                            |  |           |           |
| 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. |   |             |                                    |                          |  |   | WHICH THIS                 |  |           |           |
| INSR<br>LTR TYPE OF INSURANCE   |   |             | ADDL SUBR<br>NSD WVD POLICY NUMBER |                          |  | POLICY EFF<br>(MM/DD/YYYY)                | POLICY EXP<br>(MM/DD/YYYY) | LIMITS                                       |           |           |
| A _   | COMMERCIAL GENERAL LIABILITY  |             |                                    |                          |  |   |                            | EACH OCCURRENCE                              | \$        | 1,000,000 |
|   | CLAIMS-MADE X OCCUR   |             |                                    |                          |  |   |                            | DAMAGE TO RENTED<br>PREMISES (Ea occurrence) | \$        | 300,000   |
|   |   | X 011405740 |                                    |                          |  |   | MED EXP (Any one person)   | \$   | Excluded  |           |
|   |   |             | 01/01/2020                         | 01/01/2021               | PERSONAL & ADV INJURY                            | \$  | 1,000,000                  |  |           |           |
|   | GEN'L AGGREGATE LIMIT APPLIES PER:  |             |                                    |                          |  |   |                            | GENERAL AGGREGATE                            | \$        | 2,000,000 |
|   | POLICY PRO-<br>JECT LOC   |             |                                    |                          |  |   | PRODUCTS - COMP/OP AGG     | \$   | 1,000,000 |           |
|   |   |             |                                    |                          |  |   |                            |  |           |           |

X OTHER: Per League SEXUAL ABUSE OCC/AGG \$ 1M/\$1M COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY \$ ANY AUTO BODILY INJURY (Per person) \$ OWNED AUTOS ONLY HIRED SCHEDULED AUTOS NON-OWNED BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTOS ONLY **AUTOS ONLY** \$ UMBRELLA LIAB OCCUR EACH OCCURRENCE \$ **EXCESS LIAB** CLAIMS-MADE AGGREGATE \$ DED RETENTION \$ \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT \$ N/A (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate Holder is named as Additional Insured per form CG 2026 (04/13)

| CERTIFICATE HOLDER                      |          | CANCELLATION   |  |  |  |
|---|----------|--|--|--|--|
| City of Winter Springs                  |          | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |  |  |  |
| 1126 East State Road 434 Winter Springs | FL 32708 | AUTHORIZED REPRESENTATIVE  |  |  |  |
| vviittei Opinigs                        | 11 32700 | © 1088-2015 ACOPD COPPORATION All rights reserved  |  |  |  |

## THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

# ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

#### **SCHEDULE**

## Name Of Additional Insured Person(s) Or Organization(s):

City of Winter Springs 1126 East State Road 434 Winter Springs, FL 32708

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

- A. Section II Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:
  - In the performance of your ongoing operations; or
  - **2.** In connection with your premises owned by or rented to you.

#### However:

- The insurance afforded to such additional insured only applies to the extent permitted by law; and
- 2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B.** With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:** 

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
- **2.** Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.