ACORD	

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 12/30/2022

									_	12/	30/2022	
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 SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).												
PRODUCER CONTACT NAME:												
Bene-Marc, Inc.						NAME: FAX   PHONE (AIC, No, Ext): (800) 247-1734 FAX   (AIC, No, Ext): (800) 247-1734 FAX						
6301 Southwest Blvd., Suite 101 Fort Worth, TX 76132-1063						Email ADDRESS: contact@bene-marc.com						
(800) 247-1734					INSURER(S) AFFORDING COVERAGE					NAIC #		
					INSURER A : HDI Global Specialty SE					AA-1120822		
INSURED Northville Baseball/Softball Association					INSURER B : AXIS Insurance Company					37273		
-		x 147	I			INSURER C :						
No	rthvi	lle, MI 48167				INSURE	RD:					
						INSURE						
~~~				~ ~ ~ ~	NUMPER 5420 5222	INSURE						
COVERAGES CERTIFICATE NUMBER: 5439-53320-248171									REVISION NUMBER:			
IN C	THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.											
INSR LTR		TYPE OF INSURANCE	ADDL	SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3		
	Х	COMMERCIAL GENERAL LIABILITY	X		18LB3869-53320		1/1/2023	1/1/2024		\$	1,000,000.00	
		CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000.00	
А	Х	INCLUDES Participant Legal							MED EXP (Any one person)	\$	5,000.00	
		Liability							PERSONAL & ADV INJURY	Ŷ	1,000,000.00	
	GEN										5,000,000.00	
		POLICY PRO- JECT LOC								+	2,000,000.00	
									* Medical Exp for Spec	stators	; Only	
	AUI	ANY AUTO							(Ea accident)	\$ \$		
		OWNED SCHEDULED							,	\$ \$		
		AUTOS ONLY AUTOS							PROPERTY DAMAGE	\$		
		AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
					18EX2653-53320		1/1/2023	1/1/2024	EACH OCCURRENCE	\$ 2	2,000,000.00	
А	Χ	EXCESS LIAB CLAIMS-MADE			102/2000-00020		1/1/2020	1/1/2024		-	2,000,000.00	
		DED RETENTION \$							\$			
		RERS COMPENSATION EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$		
	(Mar	ndatory in NH) s, describe under							E.L. DISEASE - EA EMPLOYEE	\$		
	DÉS	CRIPTION OF OPERATIONS below								\$		
В	Ex	cess Accident Medical			SRPO-30000-4000-0	797	1/1/2023	1/1/2024	Limit 100,000.00 / Dec	luctibl	e 250.00	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required). This policy includes a blanket additional insured endorsement that provides additional insured status to the certificate holder per form CG 20 26 07/04. Coverage Applies to Activities: Youth Baseball, T-Ball, Softball League. Abuse or Molestation Coverage - Each Incident Limit \$1,000,000, Aggregate Limit \$2,000,000. Coverage for Sports Equipment - Policy # 17IM1530-53320 \$20,000.00 limit with a \$500.00 deductible.												
CE	RTIF	ICATE HOLDER 5439-53320	-248	171		CAN	CELLATION					
City of Saline 100 N. Harris Saline, MI 48176						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 ALL. L.										ll		

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