

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/27/2023

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).

tł	nis c	ertificate does not confer rights to	o the	cert	ificate holder in lieu of su								
PRO	PRODUCER						CONTACT Rhonda Crook						
Ter	у <u> L</u> .	Green & Associates, Inc.				PHONE FAX (A/C, No, Ext): (A/C, No):							
	0 Fiv e 10	re Forks Trickum Road				E-MAIL ADDRESS:							
		GA 30047									NAI0 #		
						INSURER(S) AFFORDING COVERAGE					NAIC #		
						INSURER A : Fortegra Specialty Insurance Company					16823		
INSU	JRED	Oranga Empira Canforana	(OE C	• \		INSURE	ERB: Axis Ins	surance Co	mpany		37273		
		Orange Empire Conference 2390 W. Orangethorpe Ave.	(OEC	•)		INSURE							
		#9			INSURE	ER D :							
		Fullerton, CA 92833				INSURER E :							
						INSURER F:							
CO	VER	AGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:				
IN C E	IDIC <i>A</i> ERTI XCLL	S TO CERTIFY THAT THE POLICIE ATED. NOTWITHSTANDING ANY R FICATE MAY BE ISSUED OR MAY JSIONS AND CONDITIONS OF SUCH	EQUI PER POLI	IREMI TAIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	N OF A	ANY CONTRAC Y THE POLICI REDUCED BY I	CT OR OTHER ES DESCRIB PAID CLAIMS.	R DOCUMENT WITH RESPE EED HEREIN IS SUBJECT T	CT TO	O WHICH THIS		
INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s			
Α	Х	COMMERCIAL GENERAL LIABILITY					(EACH OCCURRENCE	\$	1,000,000		
		CLAIMS-MADE X OCCUR	Х		KSG1000001-01-C00700		7/5/2023	7/5/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000		
	х	ABUSE/MOLESTATION	^				17072020	.,,,_,			5,000		
	X	\$1M OCC/\$2M AGG							MED EXP (Any one person)	\$	1,000,000		
		l ' 							PERSONAL & ADV INJURY	\$	4.000.000		
		N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000		
	X	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	<u> </u>		
		OTHER:							PARTICIPANTS	\$	1,000,000		
Α	AUT	OMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000		
		ANY AUTO			KSG1000001-01-C00700		7/5/2023	7/5/2024	BODILY INJURY (Per person)	\$			
		OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$			
	Х	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$			
		AUTOS ONLY AUTOS ONLY							(i ei accident)	\$			
Α		UMBRELLA LIAB X OCCUR							EAGU GOOUDDENGE		1,000,000		
	Х	EXCESS LIAB CLAIMS-MADE			KSX1000001-01-C70070		7/5/2023	7/5/2024	EACH OCCURRENCE	\$	1,000,000		
	_						17072020	.,,,,,,,,,	AGGREGATE	\$	1,000,000		
		DED RETENTION \$							PER OTH-	\$			
	AND	RKERS COMPENSATION EMPLOYERS' LIABILITY							PER OTH- STATUTE ER				
	ANY	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$			
									E.L. DISEASE - EA EMPLOYEE	\$			
	If yes	s, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$			
В	PAF	RTICIPANT ACCIDENT			SRPOAGI-ESA000567		7/5/2023	7/5/2024	EXCESS COVERAGE		100,000		
В	DE	DUCTIBLE \$250			SRPOAGI-ESA000567		7/5/2023	7/5/2024	AD&D		10,000		
You Ana Nor The	th Ta heim walk. Certi	TION OF OPERATIONS / LOCATIONS / VEHICLE is provided under this policy for sackle & Flag Football & Cheer: Organ, Brea, Fullerton, Huntington Beacl Orange, Saddleback Valley, Santa ificate Holder is an additional insurnitos	aniza n, La Ana	tions Habr Pop \	Under the Coverage: a , Lakewood, La Mirade, L Warner, Santa Margarita, S	₋ong Be South C	each, Los Ala coast, Tustin a	mitos, Monte	bello, Newport Mesa, No		ong Beach,		
CE	RTIF	TICATE HOLDER				CAN	CELLATION						

ACORD 25 (2016/03)

Los Alamitos High School 3591 Cerritos Ave Los Alamitos, CA 90720

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

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PRO	DUCE	R					CONTA	^{с⊤} Rhonda	Crook				
Terr 310	y L.) Fiv	Green & Associates, Inc. re Forks Trickum Road					PHONE (A/C, No						
Suit		1 GA 30047					E-MAIL ADDRE	SS:					
LIID	uiii,	GA 30041						NAIC #					
							INSURE	R A : Fortegr	a Specialty	Insurance Company		16823	
INSU	INSURED							INSURER B: Axis Insurance Company					
		Orange Empire Con		(OEC	;)		INSURE	RC:					
		2390 W. Orangethor	pe Ave.				INSURE						
		#9 Fullerton, CA 92833					INSURE						
							INSURE						
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INSR LTR		TYPE OF INSURANCE			SUBR				POLICY EXP (MM/DD/YYYY)	LIMIT	·e		
A	Х	COMMERCIAL GENERAL LIABIL	LITY	INSD	WVD	TOLIOT NOMBER		(MM/DD/YYYY)	(MM/DD/YYYY)			1,000,000	
		CLAIMS-MADE X OCC		.,		KSG1000001-01-C00700		7/5/2023	7/5/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000	
	Х	ABUSE/MOLESTATION		X		K3G1000001-01-C00700		1/3/2023	11512024		\$	5,000	
	X	\$1M OCC/\$2M AGG	<u> </u>							MED EXP (Any one person)	\$	1,000,000	
		· ·								PERSONAL & ADV INJURY	\$	4,000,000	
		N'L AGGREGATE LIMIT APPLIES P								GENERAL AGGREGATE	\$	2,000,000	
	X	POLICY PRO- JECT LO	OC							PRODUCTS - COMP/OP AGG PARTICIPANTS	\$	1,000,000	
		OTHER:								COMBINED SINGLE LIMIT	\$		
Α	AUT	OMOBILE LIABILITY								(Ea accident)	\$	1,000,000	
		ANY AUTO				KSG1000001-01-C00700		7/5/2023	7/5/2024	BODILY INJURY (Per person)	\$		
		OWNED SCHEDU AUTOS	JLED							BODILY INJURY (Per accident)	\$		
	X	HIRED X NON-OV AUTOS	VNED ONLY							PROPERTY DAMAGE (Per accident)	\$		
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Α		UMBRELLA LIAB X OCC	CUR							EACH OCCURRENCE	\$	1,000,000	
	Х	EXCESS LIAB CLA	IMS-MADE			KSX1000001-01-C70070		7/5/2023	7/5/2024	AGGREGATE	\$	1,000,000	
		DED RETENTION\$								AGGILGATE	\$		
	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY								PER OTH- STATUTE ER	Ψ		
			Y/N							E.L. EACH ACCIDENT	\$		
	OFFI (Mar	PROPRIETOR/PARTNER/EXECUTI CER/MEMBER EXCLUDED? Idatory in NH)		N/A						E.L. DISEASE - EA EMPLOYEE			
	If ves	s, describe under											
В		CRIPTION OF OPERATIONS below RTICIPANT ACCIDENT	V			SRPOAGI-ESA000567		7/5/2023	7/5/2024	E.L. DISEASE - POLICY LIMIT EXCESS COVERAGE	\$	100,000	
В		DUCTIBLE \$250				SRPOAGI-ESA000567		7/5/2023	7/5/2024	AD&D		10.000	
"		JOO I IDEL WASO				ON OAGI-LOAGGOOG		.1012023	17372024	7700		10,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Coverage is provided under this policy for sponsored and supervised activities of the named insured for which a premium has been paid.

Youth Tackle & Flag Football & Cheer: Organizations Under the Coverage:

Anaheim, Brea, Fullerton, Huntington Beach, La Habra , Lakewood, La Mirade, Long Beach, Los Alamitos, Montebello, Newport Mesa, North Long Beach, Norwalk. Orange, Saddleback Valley, Santa Ana Pop Warner, Santa Margarita, South Coast, Tustin and Yorba Linda dba Play Ball, Inc..

The Certificate Holder is an additional insured with respect to the operations of the named insured

Los Alamitos

CERTIFICATE HOLDER	CANCELLATIO

Los Alamitos Unified School District 10293 Bloomfield St Los Alamitos, CA 90720

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INSE	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT		
				(MM/DD/YYYY)	LIMIT	rs	
					EACH OCCURRENCE	\$	1,000,00
		KSG1000001-01-C00700	7/5/2023	7/5/2024	DAMAGE TO RENTED		300,00
		1000001-01-000700	175/2023	11312024	PREMISES (Ea occurrence)	\$	5,00
					MED EXP (Any one person)	\$	1,000,00
					PERSONAL & ADV INJURY	\$	
					GENERAL AGGREGATE	\$	4,000,00
					PRODUCTS - COMP/OP AGG	\$	2,000,00
					PARTICIPANTS		1,000,00
					COMBINED SINGLE LIMIT	T .	1,000,00
		1400400004 04 000700	7/5/0000	=/5/0004	(Ea accident)		
		KSG1000001-01-C00700	7/5/2023	7/5/2024	BODILY INJURY (Per person)	\$	
,					BODILY INJURY (Per accident)	\$	
D Y					PROPERTY DAMAGE (Per accident)	\$	
						\$	
					FACIL COCUPDENCE		1,000,00
MADE		KSX1000001-01-C70070	7/5/2023	7/5/2024			1,000,00
IVIADE			17072020	.,,,,,,,,,,	AGGREGATE	\$.,,,,,,,,
					DED OTH	\$	
					STATUTE ER		
					E.L. EACH ACCIDENT	\$	
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		SRPOAGLESA000567	7/5/2023	7/5/2024		\$	100,00
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		SRPOAGI-ESA000567	1/3/2023	7/5/2024	Αυαυ		10,00
IR AS-	JED NED NED NED NICY IR IS-MADE S/VEHICLES (icy for spon re: Organiza n Beach, La r, Santa Ana	S/VEHICLES (ACORI	KSG1000001-01-C00700 KSG1000001-01-C00700 KSX1000001-01-C70070 KSX1000001-01-C70070 SRPOAGI-ESA000567 SRPOAGI-ESA000567 SRPOAGI-ESA000567 SOUTHICLES (ACORD 101, Additional Remarks Schedulicy for sponsored and supervised activities of the coverage: Organizations Under the Coverage: In Beach, La Habra , Lakewood, La Mirade, Lot, Santa Ana Pop Warner, Santa Margarita, South	KSG1000001-01-C00700 7/5/2023 KSG1000001-01-C00700 7/5/2023 KSX1000001-01-C70070 7/5/2023 KSX1000001-01-C70070 7/5/2023 SRPOAGI-ESA000567 7/5/2023 SRPOAGI-ESA000567 7/5/2023 SryceHicles (ACORD 101, Additional Remarks Schedule, may be attached if more icy for sponsored and supervised activities of the named insure er: Organizations Under the Coverage: In Beach, La Habra , Lakewood, La Mirade, Long Beach, Los Ala	KSG1000001-01-C00700 7/5/2023 7/5/2024 KSG1000001-01-C00700 7/5/2023 7/5/2024 KSX1000001-01-C70070 7/5/2023 7/5/2024 SRPOAGI-ESA000567 7/5/2023 7/5/2024	KSG1000001-01-C00700 T/5/2023 KSG1000001-01-C00700 T/5/2023 T/5/2024 EACH OCCURRENCE AGGREGATE KSX1000001-01-C70070 T/5/2023 T/5/2024 EACH OCCURRENCE AGGREGATE E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT E.C. DISEA	KSG1000001-01-C00700 7/5/2023 7/5/2024 KSG1000001-01-C00700 7/5/2023 7/5/2024 COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ SEACH OCCURRENCE \$ AGGREGATE \$ FEACH OCCURRENCE \$ AGGREGATE \$ SEACH OCCURRENCE \$ AGGREGATE \$ AGGREGATE \$ SEACH OCCURRENCE \$ AGGREGATE \$

CERTIFICATE HOLDER

Los Alamitos Youth Football & Cheer 11121 Martha Ann Drive Rossmoor, CA 90720 **CANCELLATION**

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

AUTHORIZED REPRESENTATIVE

Leny & Green



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th	nis c	ertificate does not confer rights to	o the	cert	ificate holder in lieu of su	ich end	dorsement(s)				
PRO	DUCE	R				CONTA NAME:	c⊤ Rhonda	Crook			
Terr	у <u> L</u> .	Green & Associates, Inc.				PHONE FAX (A/C, No, Ext): (A/C, No):					
) FIV e 10	e Forks Trickum Road 1				E-MAIL ADDRE	ee.		(((((((((((((((((((-	
	Lilburn, GA 30047					ADDRE		SUBERIES AFFOR	RDING COVERAGE		NAIC #
									Insurance Company		16823
10101											
INSU	IKED	Orange Empire Conference	(050)			INSURE	R в : Axis In	surance Co	ompany		37273
	2390 W. Orangethorpe Ave					INSURER C:					
#9						INSURER D:					
Fullerton, CA 92833						INSURE	RE:				
							ERF:				
СО	VER	AGES CER	TIFI	CATE	E NUMBER:				REVISION NUMBER:		
IN C E	IDIC <i>A</i> ERTI XCLL	S TO CERTIFY THAT THE POLICIE ATED. NOTWITHSTANDING ANY R FICATE MAY BE ISSUED OR MAY JSIONS AND CONDITIONS OF SUCH	EQU PER POLI	IREMI TAIN, CIES.	ENT, TERM OR CONDITION , THE INSURANCE AFFOR . LIMITS SHOWN MAY HAVE	N OF A	ANY CONTRA Y THE POLIC REDUCED BY	CT OR OTHER IES DESCRIB PAID CLAIMS.	R DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T	CT TO	O WHICH THIS
INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY						,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х		KSG1000001-01-C00700		7/5/2023	7/5/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
	х	ABUSE/MOLESTATION	_ ^						` '	\$	5,000
	X	\$1M OCC/\$2M AGG							MED EXP (Any one person)		1,000,000
		l ` 							PERSONAL & ADV INJURY	\$	4,000,000
	GEN X	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	_	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG PARTICIPANTS	\$	1,000,000
		OTHER:							COMBINED SINGLE LIMIT	\$	
A	AUT	OMOBILE LIABILITY							(Ea accident)	\$	1,000,000
		ANY AUTO			KSG1000001-01-C00700		7/5/2023	7/5/2024	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
		//eree enzi								\$	
Α		UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$	1,000,000
	х	EXCESS LIAB CLAIMS-MADE			KSX1000001-01-C70070		7/5/2023	7/5/2024	AGGREGATE	\$	1,000,000
		DED RETENTION\$	1						AGGREGATE		
	WOR								PER OTH-	\$	
		RKERS COMPENSATION EMPLOYERS' LIABILITY Y/N							STATUTE ER		
	ANY OFFI	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
		ndatory in NH) s. describe under							E.L. DISEASE - EA EMPLOYEE	\$	
_	DÉS	CRIPTION OF OPERATIONS below					=/5/0000	7/5/0004	E.L. DISEASE - POLICY LIMIT	\$	400.00
ВВ		RTICIPANT ACCIDENT DUCTIBLE \$250			SRPOAGI-ESA000567 SRPOAGI-ESA000567		7/5/2023 7/5/2023	7/5/2024 7/5/2024	EXCESS COVERAGE AD&D		100,000 10,000
You Ana Norv The	erage th Ta heim valk. Certi	TION OF OPERATIONS / LOCATIONS / VEHIC e is provided under this policy for sickle & Flag Football & Cheer: Org I, Brea, Fullerton, Huntington Beacl Orange, Saddleback Valley, Santa ificate Holder is an additional insur	spons aniza h, La Ana	sored itions Habr Pop	d and supervised activities s Under the Coverage: ·a , Lakewood, La Mirade, L Warner, Santa Margarita, S	of the ong Be South C the na	named insure each, Los Ala coast, Tustin a med insured	ed for which a mitos, Monte	a premium has been paid. bello, Newport Mesa, No		ng Beach,
CE	KTIF	ICATE HOLDER				CAN	CELLATION				

CERTIFICATE HOLDER

Oak Middle School 10821 Oak St Los Alamitos, CA 90720 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/27/2023

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).

u	ns certificate does not confer rights to	uie	Cert	incate notuer in heu of su						
PRO	DUCER				CONTA NAME:	^{C⊤} Rhonda	Crook			
	ry L. Green & Associates, Inc.				PHONE FAX (A/C, No, Ext): (A/C, No):					
	Ø Five Forks Trickum Road te 101				E-MAIL ADDRE			(A/C, NO).		
	ourn, GA 30047				ADDRE					
	,							RDING COVERAGE		NAIC #
					INSURER A: Fortegra Specialty Insurance Company					16823
INSU	JRED				INSURE	R в : Axis Ins		37273		
	Orange Empire Conference (OEC	;)		INSURE	R C :				
	2390 W. Orangethorpe Ave. #9				INSURE	RD:				
	Fullerton, CA 92833				INSURE	RF.				
	, , , , , , , , , , , , , , , , , , , ,				INSURE					
	WEDACES CED	TIEI	` A T	- NIIMDED.	INCORE			DEVICION NUMBER		
				E NUMBER:	14) /E D	EEN IOOUED 3	TO THE INOLI	REVISION NUMBER:		
	HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY R									
С	ERTIFICATE MAY BE ISSUED OR MAY	PER ³	TAIN,	THE INSURANCE AFFORI	DED B	THE POLICI	IES DESCRIB	SED HEREIN IS SUBJECT 1		
	XCLUSIONS AND CONDITIONS OF SUCH				BEEN I					
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY					,	,	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	Χ		KSG1000001-01-C00700		7/5/2023	7/5/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
	χ ABUSE/MOLESTATION	^				1,0,2020	.,,,,,,,,,			5,000
	X \$1M OCC/\$2M AGG							MED EXP (Any one person)	\$	1,000,000
	X							PERSONAL & ADV INJURY	\$	4,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2.000.000
	X POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$,,
	OTHER:							PARTICIPANTS	\$	1,000,000
Α	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	ANY AUTO			KSG1000001-01-C00700		7/5/2023	7/5/2024	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
	AUTOS ONLY AUTOS ONLY							(i ei accident)		
Α	UMBRELLA LIAB X OCCUR								\$	1,000,000
- `	X EXCESS LIAB CLAIMS-MADE			KSX1000001-01-C70070		7/5/2023	7/5/2024	EACH OCCURRENCE	\$	1,000,000
				NOX1000001 01 010010		17072020	17072024	AGGREGATE	\$	1,000,000
	DED RETENTION \$							PER OTH-	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in Nn)							E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
В	PARTICIPANT ACCIDENT			SRPOAGI-ESA000567		7/5/2023	7/5/2024	EXCESS COVERAGE		100,000
В	DEDUCTIBLE \$250			SRPOAGI-ESA000567		7/5/2023	7/5/2024	AD&D		10,000
D=0	CONTINUE OF OPERATIONS (1 COATIONS (1/7)	FC (104 Additional Description 0 : :	la	a attach a diff a				
Cov	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL erage is provided under this policy for s	pons	sorec	I and supervised activities	of the	named insure	ed for which a	a premium has been paid		
You	th Tackle & Flag Football & Cheer: Orga	aniza	tions	Under the Coverage:						
	heim, Brea, Fullerton, Huntington Beach								rth Lo	ong Beach,
	walk. Orange, Saddleback Valley, Santa Certificate Holder is an additional insure						ind Yorba Lir	ida dba Play Ball, inc		
	Octamodic Florider 15 dir duditional insulv			spect to the operations of	tilo ilai	nea mourea				
	Alamitos									
The	City of Los Alamitos, its officers, emplo	yees	, age	ents and volunteers						
CE	RTIFICATE HOLDER				CANO	CELLATION				
UE	KIII IOATE HOLDER				CAN	JELEA HON				
					SHC	OULD ANY OF	THE ABOVE D	ESCRIBED POLICIES BE C	ANCE	LLED BEFORE
	The City of Lan Alamsia				THE	EXPIRATION	N DATE TH	IEREOF, NOTICE WILL		
	The City of Los Alamitos,					ORDANCE WI	TH THE POLIC	CY PROVISIONS.		

ACORD 25 (2016/03)

The City of Los Alamitos, 3191 Katella Ave Los Alamitos, CA 90720