

CERTIFICATE OF INSURANCE							DATE (MM/DD/YY) 12/05/25		
PRODUCER <b>Keystone Risk Managers, LLC</b> 1215 Manor Drive, Suite 208 Mechanicsburg, PA 17055				CERTIFICATE #: 4053405-2026-1			4 05 34		
				<b>INSURERS AFFORDING COVERAGE:</b>					
ADDITIONAL NAMED INSURED:  CORCORAN LL 1030 Josephine Ave Corcoran, CA 93212				INSURER A:	Interstate Fire & Casualty Company				
				INSURER B:	National Union Fire Insurance Company of Pittsburgh, PA				
				INSURER C:	AIG Specialty Insurance Company				
				INSURER D:	Markel American 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.									
* SUBJECT TO \$5,000,000 AGGREGATE SUBLIMIT OF LIABILITY FOR ALL LEAGUES, COMBINED, UNDER THE MASTER D&O POLICY, FOR ALL LOSS ARISING FROM ALL CLASS ACTION CLAIMS AND COMMON LEAGUE CLAIMS, AS MORE FULLY DESCRIBED IN ENDORSEMENT #31 OF THE MASTER D&O POLICY.									
** SUBJECT TO \$5,000,000 AGGREGATE SUBLIMIT OF LIABILITY FOR ALL LEAGUES, COMBINED, UNDER THE MASTER CYBER POLICY, FOR SPECIFIED DEFENSE COSTS, AS MORE FULLY DESCRIBED IN ENDORSEMENT #14 OF THE MASTER CYBER POLICY.									
INSR LTR	ADD'L NAMED INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS			
A	X	GENERAL LIABILITY	UST030987260	01/01/2026	01/01/2027	EACH OCCURRENCE	\$1,000,000		
		X OCCURRENCE				GENERAL AGGREGATE	\$2,000,000		
		X INCL PARTICIPANTS				Property Damage Deductible: \$250	PRODUCTS/COMP OPS AGGREGATE	\$1,000,000	
		X SEXUAL ABUSE					Sexual Abuse OCCURRENCE	\$1,000,000	
						MEDICAL PAYMENTS	Sexual Abuse AGGREGATE	\$1,000,000	
C	X	DIRECTORS & OFFICERS	01-468-17-57	01/01/2026	01/01/2027	EACH LOSS	\$1,000,000*		
							AGGREGATE	\$1,000,000	
C	X	CYBER LIABILITY COVERAGE	01-454-69-95	01/01/2026	01/01/2027	LIMIT OF LIABILITY CLAIMS MADE	\$100,000 PER LEAGUE AGGREGATE		
		S&P				SECURITY AND PRIVACY LIABILITY INSURANCE	\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY** \$1,000 PER LEAGUE RETENTION	RETROACTIVE DATE	CONTINUITY DATE
						REGULATORY ACTION SUBLIMIT OF LIABILITY	\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY \$1,000 PER LEAGUE RETENTION		
		EM				EVENT MANAGEMENT INSURANCE	\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY** \$1,000 PER LEAGUE RETENTION	NOT APPLICABLE	POLICY INCEPTION
D	X	INLAND MARINE/PROPERTY FLOATER	MKLM7IM0056260	01/01/2026	01/01/2027	EACH LOSS	\$35,000 Deductible: \$500		
A	X	CRIME	UST030998260	01/01/2026	01/01/2027	EACH LOSS	\$35,000 Deductible: \$1,000		
B	X	SPORTS EXCESS ACCIDENT	SRG9105434	01/01/2026	01/01/2027	As in Master Policy: Med. Max. \$250,000 Deductible \$50	As in Master Policy Excess		
"X" INDICATES COVERAGE(S) SELECTED FOR ADDITIONAL NAMED INSURED									
<b>ADDITIONAL INSURED</b>									
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 Corcoran 2. Corcoran Unified School District 3. Recreation Association of Corcoran									
<b>INSURED</b>				<b>CANCELLATION</b>					
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					

CERTIFICATE OF INSURANCE						DATE (MM/DD/YY) 12/05/25	
PRODUCER <b>Keystone Risk Managers, LLC</b> 1215 Manor Drive, Suite 208 Mechanicsburg, PA 17055			CERTIFICATE #: 4053405-2026-1			4 05 34	
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INSR LTR	ADD'L NAMED INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A	X	GENERAL LIABILITY	UST030987260	01/01/2026	01/01/2027	EACH OCCURRENCE \$1,000,000	
		X OCCURRENCE				GENERAL AGGREGATE \$2,000,000	
		X INCL PARTICIPANTS				Property Damage Deductible: \$250 PRODUCTS/COMP OPS AGGREGATE \$1,000,000	
		X SEXUAL ABUSE				Sexual Abuse OCCURRENCE \$1,000,000	
		MEDICAL PAYMENTS				Sexual Abuse AGGREGATE \$1,000,000	
C	X	DIRECTORS & OFFICERS	01-468-17-57	01/01/2026	01/01/2027	EACH LOSS \$1,000,000*	
						AGGREGATE \$1,000,000	
C	X	CYBER LIABILITY COVERAGE	01-454-69-95	01/01/2026	01/01/2027	LIMIT OF LIABILITY CLAIMS MADE \$100,000 PER LEAGUE AGGREGATE	
		S&P	SECURITY AND PRIVACY LIABILITY INSURANCE	\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY** \$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			
		EM	EVENT MANAGEMENT INSURANCE	\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY** \$1,000 PER LEAGUE RETENTION		NOT APPLICABLE	POLICY INCEPTION
D	X	INLAND MARINE/PROPERTY FLOATER	MKLM7IM0056260	01/01/2026	01/01/2027	EACH LOSS \$35,000 Deductible: \$500	
A	X	CRIME	UST030998260	01/01/2026	01/01/2027	EACH LOSS \$35,000 Deductible: \$1,000	
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As in Master Policy: 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 Corcoran 832 Whitley Corcoran, CA 93212							
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: David J. Lain				



# **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

12/5/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFFERS 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).

<b>PRODUCER</b>		<b>CONTACT NAME:</b> David Irwin	
Keystone Risk Managers, LLC		<b>PHONE (A/C, No, Ext):</b> (570) 473-2150	<b>FAX (A/C, No):</b> (570) 473-2151
1215 Manor Drive		<b>E-MAIL ADDRESS:</b> DIrwin@Keystoneinsgrp.com	
Suite 208		<b>INSURER(S) AFFORDING COVERAGE</b>	
Mechanicsburg PA 17055		INSURER A : Interstate Fire & Casualty Company	
		22829	
<b>INSURED</b>		<b>INSURER B :</b>	
Little League Baseball Risk Purchasing Group, Incorporated		<b>INSURER C :</b>	
CORCORAN LL		<b>INSURER D :</b>	
1030 Josephine Ave		<b>INSURER E :</b>	
Corcoran CA 93212		<b>INSURER F :</b>	

## 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.

**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 (12/19)

## CERTIFICATE HOLDER

## CANCELLATION

## City of Corcoran

832 Whitley

Corcoran

CA 93212

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**

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**POLICY NUMBER: UST030987260**

**COMMERCIAL GENERAL LIABILITY**  
**CG 20 26 12 19**

**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**

<b>Name Of Additional Insured Person(s) Or</b>
City of Corcoran 832 Whitley Corcoran, CA 93212
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:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

1. 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;

whichever is less.

This endorsement shall not increase the applicable limits of insurance.

## WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

### SCHEDULE

**Name Of Person Or Organization:**

City of Corcoran  
832 Whitley  
Corcoran, CA 93212

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

The following is added to Paragraph 8. Transfer Of  
Rights Of Recovery Against Others To Us of  
Section IV – Conditions:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

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

## **PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

### **Primary And Noncontributory Insurance**

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

- (1) The additional insured is a Named Insured under such other insurance; and

- (2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.

CERTIFICATE OF INSURANCE						DATE (MM/DD/YY) 12/05/25	
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		X OCCURRENCE				GENERAL AGGREGATE \$2,000,000	
		X INCL PARTICIPANTS				Property Damage Deductible: \$250 PRODUCTS/COMP OPS AGGREGATE \$1,000,000	
		X SEXUAL ABUSE				Sexual Abuse OCCURRENCE \$1,000,000	
		MEDICAL PAYMENTS				Sexual Abuse AGGREGATE \$1,000,000	
C	X	DIRECTORS & OFFICERS	01-468-17-57	01/01/2026	01/01/2027	EACH LOSS \$1,000,000*	
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C	X	CYBER LIABILITY COVERAGE	01-454-69-95	01/01/2026	01/01/2027	LIMIT OF LIABILITY CLAIMS MADE \$100,000 PER LEAGUE AGGREGATE	
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NAME AND ADDRESS OF PERSON OR ORGANIZATION:							
Corcoran Unified School District 1520 Patterson Corcoran, CA 93212							
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.				
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Keystone Risk Managers, LLC 1215 Manor Drive Suite 208 Mechanicsburg		<b>PHONE (A/C, No, Ext):</b> (570) 473-2150	<b>FAX (A/C, No):</b> (570) 473-2151
		<b>E-MAIL ADDRESS:</b> Dlrwin@Keystoneinsgrp.com	
		<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
		INSURER A : Interstate Fire & Casualty Company	22829
<b>INSURED</b>			
Little League Baseball Risk Purchasing Group, Incorporated			
CORCORAN LL			
1030 Josephine Ave			
Corcoran			
		CA 93212	
<b>INSURER B :</b>			
<b>INSURER C :</b>			
<b>INSURER D :</b>			
<b>INSURER E :</b>			
<b>INSURER F :</b>			

## COVERAGES

**CERTIFICATE NUMBER:**

**REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE		ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		X	X	UST030987260	01/01/2026	01/01/2027	EACH OCCURRENCE	\$	1,000,000	
								DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000	
								MED EXP (Any one person)	\$	Excluded	
								PERSONAL & ADV INJURY	\$	1,000,000	
								GENERAL AGGREGATE	\$	2,000,000	
								PRODUCTS - COMP/OP AGG	\$	1,000,000	
								SEXUAL ABUSE OCC/AGG	\$	1M/\$1M	
	<input type="checkbox"/> AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$			
							BODILY INJURY (Per person)	\$			
							BODILY INJURY (Per accident)	\$			
							PROPERTY DAMAGE (Per accident)	\$			
								\$			
								\$			
	<input type="checkbox"/> UMBRELLA LIAB OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						EACH OCCURRENCE	\$			
							AGGREGATE	\$			
								\$			
								\$			
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y / N N / A				PER STATUTE		OTH-ER		
							E.L. EACH ACCIDENT	\$			
							E.L. DISEASE - EA EMPLOYEE	\$			
							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 (12/19)

## CERTIFICATE HOLDER

## CANCELLATION

Corcoran Unified School District

1520 Patterson

Corcoran

CA 93212

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**

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**POLICY NUMBER: UST030987260**

**COMMERCIAL GENERAL LIABILITY**  
**CG 20 26 12 19**

**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**

<b>Name Of Additional Insured Person(s) Or</b>  Corcoran Unified School District 1520 Patterson Corcoran, CA 93212
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:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

1. 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;

whichever is less.

This endorsement shall not increase the applicable limits of insurance.

## WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

### SCHEDULE

**Name Of Person Or Organization:**

Corcoran Unified School District  
1520 Patterson  
Corcoran, CA 93212

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

The following is added to Paragraph 8. Transfer Of  
Rights Of Recovery Against Others To Us of  
Section IV – Conditions:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

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

## **PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

### **Primary And Noncontributory Insurance**

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

- (1) The additional insured is a Named Insured under such other insurance; and

- (2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.

CERTIFICATE OF INSURANCE						DATE (MM/DD/YY) 12/05/25	
PRODUCER <b>Keystone Risk Managers, LLC</b> 1215 Manor Drive, Suite 208 Mechanicsburg, PA 17055			CERTIFICATE #: 4053405-2026-1			4 05 34	
ADDITIONAL NAMED INSURED:  CORCORAN LL 1030 Josephine Ave Corcoran, CA 93212			INSURERS AFFORDING COVERAGE:				
			INSURER A:	Interstate Fire & Casualty Company			
			INSURER B:	National Union Fire Insurance Company of Pittsburgh, PA			
			INSURER C:	AIG Specialty Insurance Company			
INSURER D:	Markel American 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.							
* SUBJECT TO \$5,000,000 AGGREGATE SUBLIMIT OF LIABILITY FOR ALL LEAGUES, COMBINED, UNDER THE MASTER D&O POLICY, FOR ALL LOSS ARISING FROM ALL CLASS ACTION CLAIMS AND COMMON LEAGUE CLAIMS, AS MORE FULLY DESCRIBED IN ENDORSEMENT #31 OF THE MASTER D&O POLICY.							
** SUBJECT TO \$5,000,000 AGGREGATE SUBLIMIT OF LIABILITY FOR ALL LEAGUES, COMBINED, UNDER THE MASTER CYBER POLICY, FOR SPECIFIED DEFENSE COSTS, AS MORE FULLY DESCRIBED IN ENDORSEMENT #14 OF THE MASTER CYBER POLICY.							
INSR LTR	ADD'L NAMED INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A	X	GENERAL LIABILITY	UST030987260	01/01/2026	01/01/2027	EACH OCCURRENCE \$1,000,000	
		X OCCURRENCE				GENERAL AGGREGATE \$2,000,000	
		X INCL PARTICIPANTS				Property Damage Deductible: \$250 PRODUCTS/COMP OPS AGGREGATE \$1,000,000	
		X SEXUAL ABUSE				Sexual Abuse OCCURRENCE \$1,000,000	
		MEDICAL PAYMENTS				Sexual Abuse AGGREGATE \$1,000,000	
C	X	DIRECTORS & OFFICERS	01-468-17-57	01/01/2026	01/01/2027	EACH LOSS \$1,000,000*	
						AGGREGATE \$1,000,000	
C	X	CYBER LIABILITY COVERAGE	01-454-69-95	01/01/2026	01/01/2027	LIMIT OF LIABILITY CLAIMS MADE \$100,000 PER LEAGUE AGGREGATE	
		S&P	SECURITY AND PRIVACY LIABILITY INSURANCE	\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY** \$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			
		EM	EVENT MANAGEMENT INSURANCE	\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY** \$1,000 PER LEAGUE RETENTION		NOT APPLICABLE	POLICY INCEPTION
D	X	INLAND MARINE/PROPERTY FLOATER	MKLM7IM0056260	01/01/2026	01/01/2027	EACH LOSS \$35,000 Deductible: \$500	
A	X	CRIME	UST030998260	01/01/2026	01/01/2027	EACH LOSS \$35,000 Deductible: \$1,000	
B	X	SPORTS EXCESS ACCIDENT	SRG9105434	01/01/2026	01/01/2027	As in Master Policy: Med. Max. \$250,000 Deductible \$50	
As in Master Policy: 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:							
Recreation Association of Corcoran 900 Dairy Corcoran, CA 93212							
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				



# **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

12/5/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFFERS 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).

<b>PRODUCER</b>		<b>CONTACT NAME:</b> David Irwin	
Keystone Risk Managers, LLC		<b>PHONE (A/C, No, Ext):</b> (570) 473-2150	<b>FAX (A/C, No):</b> (570) 473-2151
1215 Manor Drive		<b>E-MAIL ADDRESS:</b> Dlrwin@Keystoneinsgrp.com	
Suite 208		<b>INSURER(S) AFFORDING COVERAGE</b>	
Mechanicsburg PA 17055		<b>INSURER A:</b> Interstate Fire & Casualty Company	<b>NAIC #</b> 22829
<b>INSURED</b>			
Little League Baseball Risk Purchasing Group, Incorporated			
CORCORAN LL			
1030 Josephine Ave			
Corcoran CA 93212		<b>INSURER B:</b>	
		<b>INSURER C:</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

## COVERAGES

**CERTIFICATE NUMBER:**

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**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.

INSR LTR	TYPE OF INSURANCE		ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		X	X	UST030987260	01/01/2026	01/01/2027	EACH OCCURRENCE	\$	1,000,000		
								DAMAGE TO RENTED PREMISES (Ea occurrence)		\$	300,000	
								MED EXP (Any one person)		\$	Excluded	
								PERSONAL & ADV INJURY		\$	1,000,000	
								GENERAL AGGREGATE		\$	2,000,000	
								PRODUCTS - COMP/OP AGG		\$	1,000,000	
								SEXUAL ABUSE OCC/AGG		\$	1M/\$1M	
	<b>AUTOMOBILE LIABILITY</b> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)					
							BODILY INJURY (Per person)		\$			
							BODILY INJURY (Per accident)		\$			
							PROPERTY DAMAGE (Per accident)		\$			
									\$			
									\$			
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE						EACH OCCURRENCE					
							AGGREGATE		\$			
									\$			
									\$			
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> <b>(Mandatory in NH)</b> If yes, describe under DESCRIPTION OF OPERATIONS below		Y / N  N / A				PER STATUTE		OTH-ER			
							E.L. EACH ACCIDENT		\$			
							E.L. DISEASE - EA EMPLOYEE		\$			
							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 (12/19)

## CERTIFICATE HOLDER

## CANCELLATION

## Recreation Association of Corcoran

900 Dairy

Corcoran

CA 93212

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**

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**POLICY NUMBER: UST030987260**

**COMMERCIAL GENERAL LIABILITY**  
**CG 20 26 12 19**

**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**

<b>Name Of Additional Insured Person(s) Or</b>  Recreation Association of Corcoran 900 Dairy Corcoran, CA 93212
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:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

1. 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;

whichever is less.

This endorsement shall not increase the applicable limits of insurance.

## WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

### SCHEDULE

**Name Of Person Or Organization:**

Recreation Association of Corcoran  
900 Dairy  
Corcoran, CA 93212

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

The following is added to Paragraph 8. Transfer Of  
Rights Of Recovery Against Others To Us of  
Section IV – Conditions:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

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

## **PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

### **Primary And Noncontributory Insurance**

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

- (1) The additional insured is a Named Insured under such other insurance; and

- (2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.