CERTIFICATE OF		DATE (MM/DD/YY) 12/16/20						
Keystone Risk Managers, LLC 1995 Point Township Drive								
Northumberland, PA 17867	INSURERS AF	FORDING COVERAGE:						
ADDITIONAL NAMED INSURED:	INSURER A:	Lexington Insurance Comp	pany					
LAKE MARY LL	INSURER B:	National Union Fire Insura	nce Company of					
Ben Bartlett	(Non-Liability)	Pittsburgh, PA						
467 Still Forest Terrace Sanford, FL 32771	INSURER C:	AIG Specialty Insurance Co	ompany					

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 THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED MANDED 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 #34 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 #34 OF THE MASTER D&O POLICY.

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)	LIN	IITS
			GENERAL LIABILITY				EACH OCCURRENCE	\$1,000,000
Α	Χ	X	OCCURRENCE	011405742	01/01/2021	01/01/2022	GENERAL AGGREGATE	\$2,000,000
		X	INCL PARTICIPANTS	Property Damage	e Deductible: \$250		PRODUCTS/COMP OPS AGGREGATE	\$1,000,000
		Х	SEXUAL ABUSE				Sexual Abuse OCCURRENCE	\$1,000,000
		^	SEXUAL ABUSE				Sexual Abuse AGGREGATE	\$1,000,000
			MEDICAL PAYMENTS			Any One Person		
				018194562 01/01/2021 01/01/2022		EACH LOSS	\$1,000,000 *	
С	Х	l	DIRECTORS & OFFICERS	018194562 01/01/2021 01/01/2			AGGREGATE	\$1,000,000
С	Х	CY	BER LIABILITY COVERAGE	018193395	01/01/2021	01/01/2022	LIMIT OF LIABILITY CLAIMS MADE	\$100,000 per LEAGUE AGGREGATE
	S&P	SEC	CURITY AND PRIVACY LIABILITY INSURANCE	\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY ** \$1,000 PER LEAGUE RETENTION			RETROACTIVE DATE POLICY INCEPTION	CONTINUITY DATE POLICY INCEPTION
		REG	GULATORY ACTION SUBLIMIT OF LIABILITY		AGUE SUBLIMIT O	FOLICY INCEPTION	FOLICT INCEPTION	
	EM	EVI	ENT MANAGEMENT INSURANCE		AGUE SUBLIMIT O	F LIABILITY **	NOT APPLICABLE	POLICY INCEPTION
Α	Х	CRIME COVERAGE		9472626	01/01/2021	01/01/2022	EACH LOSS	\$35,000
				Crime Deductible	e: \$250 Property/\$1	AGGREGATE	NONE	
В	х	SPORTS EXCESS ACCIDENT		SRG9105434	01/01/2021	01/01/2022	As in Master Policy: Med. Max. \$100,000 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:

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

L		
	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) 12/16/20							
Keystone Risk Managers, LLC 1995 Point Township Drive								
Northumberland, PA 17867	INSURERS AF	FORDING COVERAGE	i:					
ADDITIONAL NAMED INSURED:	INSURER A:	Lexington Insurance Co	ompany					
LAKE MARY LL	INSURER B:	National Union Fire Inst	urance Company of					
Ben Bartlett	(Non-Liability)	Pittsburgh, PA						
467 Still Forest Terrace Sanford, FL 32771	INSURER C:	AIG Specialty Insurance	e 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 THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED MANDED 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 #34 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 #34 OF THE MASTER D&O POLICY.

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)	LIN	IITS
			GENERAL LIABILITY				EACH OCCURRENCE	\$1,000,000
Α	Χ	X	OCCURRENCE	011405742	01/01/2021	01/01/2022	GENERAL AGGREGATE	\$2,000,000
		X	INCL PARTICIPANTS	Property Damage	e Deductible: \$250		PRODUCTS/COMP OPS AGGREGATE	\$1,000,000
		Х	SEXUAL ABUSE				Sexual Abuse OCCURRENCE	\$1,000,000
		^	SEXUAL ABUSE				Sexual Abuse AGGREGATE	\$1,000,000
			MEDICAL PAYMENTS			Any One Person		
				018194562 01/01/2021 01/01/2022		EACH LOSS	\$1,000,000 *	
С	Х	l	DIRECTORS & OFFICERS	018194562 01/01/2021 01/01/2			AGGREGATE	\$1,000,000
С	Х	CY	BER LIABILITY COVERAGE	018193395	01/01/2021	01/01/2022	LIMIT OF LIABILITY CLAIMS MADE	\$100,000 per LEAGUE AGGREGATE
	S&P	SEC	CURITY AND PRIVACY LIABILITY INSURANCE	\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY ** \$1,000 PER LEAGUE RETENTION			RETROACTIVE DATE POLICY INCEPTION	CONTINUITY DATE POLICY INCEPTION
		REG	GULATORY ACTION SUBLIMIT OF LIABILITY		AGUE SUBLIMIT O	FOLICY INCEPTION	FOLICT INCEPTION	
	EM	EVI	ENT MANAGEMENT INSURANCE		AGUE SUBLIMIT O	F LIABILITY **	NOT APPLICABLE	POLICY INCEPTION
Α	Х	CRIME COVERAGE		9472626	01/01/2021	01/01/2022	EACH LOSS	\$35,000
				Crime Deductible	e: \$250 Property/\$1	AGGREGATE	NONE	
В	х	SPORTS EXCESS ACCIDENT		SRG9105434	01/01/2021	01/01/2022	As in Master Policy: Med. Max. \$100,000 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:

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) 12/16/2020

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 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 t	o the	certi	ificate holder in lieu of su).	•			
PRODUCER				CONTA NAME:	David IIV	vin				
Keystone Risk Managers, LLC				PHONE (A/C, No	o. Ext): (570) 4	473-2150		FAX (A/C, No):	(570)	473-2151
1995 Point Township Drive				E-MAIL ADDRE	ss: Dlrwin@	Keystoneinsg				
						SURER(S) AFFOR	DING COVERAGE			NAIC#
Northumberland			PA 17867	INSURE	RA: Lexingto	on Insurance	Company			19437
INSURED				INSURE	RB: AIG Spe	ecialty Insura	nce Company			26883
Little League Baseball Risk F	urch	asing	Group, Incorporated	INSURE	R C :					
LAKE MARY LL				INSURE						
467 Still Forest Terrace				INSURE						
Sanford			FL 32771	INSURE						
COVERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUM	IBER:		
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	QUIR PERT POLI	REMEN AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIE: REDUCED BY I	OR OTHER D S DESCRIBED PAID CLAIMS.	OCUMENT WITH	RESPEC	OT TO	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	
COMMERCIAL GENERAL LIABILITY							EACH OCCURRENC		\$	1,000,000
CLAIMS-MADE X OCCUR							DAMAGE TO RENTE PREMISES (Ea occu	rrence)	\$	300,000
							MED EXP (Any one p	person)	\$	Excluded
A	X		011405742		01/01/2021	01/01/2022	PERSONAL & ADV II	NJURY	\$	1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	ATE	\$	2,000,000
POLICY PRO- JECT LOC							PRODUCTS - COMP	OP AGG	\$	1,000,000
X OTHER: Per League							SEXUAL ABUSE OCC		\$	1M/\$1M
AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$	
ANY AUTO							BODILY INJURY (Pe	r person)	\$	
OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Pe	r accident)	\$	
AUTOS ONLY AUTOS HIRED NON-OWNED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAG (Per accident)	E	\$	
7.0.00 0.12.							, ,		\$	
UMBRELLA LIAB OCCUR							EACH OCCURRENC	E	\$	
EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
DED RETENTION\$									\$	
WORKERS COMPENSATION							PER STATUTE	OTH- ER		
AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDEN		\$	
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA E		\$	
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLI		\$	
								-	·	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL	LES (A	CORD	101, Additional Remarks Schedu	le, may b	e attached if more	e space is require	ed)			
Certificate Holder is named as Additional Ir	nsure	d per	form CG 2026 (04/13)							
CERTIFICATE HOLDER				CANO	CELLATION					
CLNTIFICATE HULDER				CANC	LLLATION					
City of Lake Mary				THE	EXPIRATION	N DATE THE	ESCRIBED POLICI EREOF, NOTICE Y PROVISIONS.			
550 Rantoul Lane				AUTUO	DIZED DEDDESE	MATIVE				

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Lake Mary

FL 32746

AUTHORIZED REPRESENTATIVE

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) 12/16/20							
Keystone Risk Managers, LLC 1995 Point Township Drive								
Northumberland, PA 17867	INSURERS AF	FORDING COVERAG	E:					
ADDITIONAL NAMED INSURED:	INSURER A:	Lexington Insurance C	ompany					
LAKE MARY LL	INSURER B:	National Union Fire Ins	urance Company of					
Ben Bartlett	(Non-Liability)	Pittsburgh, PA						
467 Still Forest Terrace Sanford, FL 32771	INSURER C:	AIG Specialty Insurance	e 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 #34 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 #34 OF THE MASTER DATE OF THE MASTER CYBER POLICY.

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)	LIN	IITS
			GENERAL LIABILITY				EACH OCCURRENCE	\$1,000,000
Α	Χ	X	OCCURRENCE	011405742	01/01/2021	01/01/2022	GENERAL AGGREGATE	\$2,000,000
		X	INCL PARTICIPANTS	Property Damage	e Deductible: \$250		PRODUCTS/COMP OPS AGGREGATE	\$1,000,000
		Х	SEXUAL ABUSE				Sexual Abuse OCCURRENCE	\$1,000,000
		^	OEXONE ABOOL				Sexual Abuse AGGREGATE	\$1,000,000
			MEDICAL PAYMENTS				Any One Person	
				018194562	01/01/2021	01/01/2022	EACH LOSS	\$1,000,000 *
С	X		DIRECTORS & OFFICERS	018194562	01/01/2021	AGGREGATE \$1,000,0		
С	Х	CYBER LIABILITY COVERAGE 018193395 01/01/2021 01/01/2022		LIMIT OF LIABILITY CLAIMS MADE	\$100,000 PER LEAGUE AGGREGATE			
	S&P	SE	CURITY AND PRIVACY LIABILITY INSURANCE		AGUE SUBLIMIT O	RETROACTIVE DATE CONTINUITY DA		
		REC	GULATORY ACTION SUBLIMIT OF LIABILITY	\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY \$1,000 PER LEAGUE RETENTION			T GEIGT INGENTION	TODIOT MODITION
	EM	EV	ENT MANAGEMENT INSURANCE	\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY ** \$1,000 PER LEAGUE RETENTION			NOT APPLICABLE	POLICY INCEPTION
Α	X CRIME COVERAGE		CRIME COVERAGE	9472626	01/01/2021	01/01/2022	EACH LOSS	\$35,000
				Crime Deductible	e: \$250 Property/\$1	,000 Money	AGGREGATE	NONE
В	Х	SPORTS EXCESS ACCIDENT		SRG9105434	01/01/2021	01/01/2022	As in Master Policy: Med. Max. \$100,000 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:

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) 12/16/2020

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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).

th	nis certificate does not confer rights				-	dorsement(s).				
	DUCER				NAME:	David IIV			FΛΥ	/==a\	
	ystone Risk Managers, LLC				PHONE (A/C, No	o, Ext): (570) 4	473-2150		FAX (A/C, No):	(570)	473-2151
199	95 Point Township Drive				E-MAIL ADDRE	_{ss:} DIrwin@	Keystoneins	grp.com			
								RDING COVERAGE			NAIC#
No	rthumberland			PA 17867		RA: Lexingto					19437
INSU	IRED				INSURE	RB: AIG Sp	ecialty Insura	nce Company			26883
	Little League Baseball Risk I	⊃urch	asing	Group, Incorporated	INSURE	RC:					
	LAKE MARY LL				INSURE	RD:					
	467 Still Forest Terrace				INSURE	RE:					
	Sanford			FL 32771	INSURE	RF:					
СО	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUM	MBER:		
IN C E	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RIERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT POLI	REME	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIE	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH D HEREIN IS SU	H RESPE	CT TO	WHICH THIS
INSR LTR		INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	S	
	CLAIMS-MADE OCCUR							DAMAGE TO RENT PREMISES (Ea occi	ED	\$	1,000,000
								MED EXP (Any one	person)	\$	Excluded
Α		Х		011405742		01/01/2021	01/01/2022	PERSONAL & ADV	INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREC	SATE	\$	2,000,000
	POLICY PRO- JECT LOC							PRODUCTS - COMI	P/OP AGG	\$	1,000,000
	X OTHER: Per League							SEXUAL ABUSE OC	CC/AGG	\$	1M/\$1M
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$	
	ANY AUTO							BODILY INJURY (Po	er person)	\$	
	OWNED SCHEDULED							BODILY INJURY (P	er accident)	\$	
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAG	GE	\$	
	AUTOS ONLY AUTOS ONLY							(Per accident)		\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENG	^E	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	<u> </u>	\$	
	CLAIWS-WADE	1						AGGREGATE			
	DED RETENTION \$ WORKERS COMPENSATION							PER STATUTE	OTH- ER	\$	
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE									•	
	OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDE		\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA I			
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	LICY LIMIT	\$	
		. = 0 //						<u> </u>			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORD	101, Additional Remarks Schedu	ie, may b	e attached if more	e space is require	ea)			
Ce	rtificate Holder is named as Additional Ii	nsure	d per	form CG 2026 (04/13)							
•			а ро.	3 2 2 2 2 (0 1, 10)							
CE	RTIFICATE HOLDER				CANO	CELLATION					
					6112	111 D ANY OF	THE ABOVE D	ESCRIBED DOLLO	IEC DE A	A NICEL I	ED BEFORE
С	ity of Winter Springs				THE	EXPIRATION	N DATE THE	ESCRIBED POLICE EREOF, NOTICE EX PROVISIONS			

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Winter Springs

1126 East State Road 434

FL 32708

AUTHORIZED REPRESENTATIVE

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.

CERTIFICATE OF	DATE (MM/DD/YY) 12/16/20							
Keystone Risk Managers, LLC 1995 Point Township Drive								
Northumberland, PA 17867	INSURERS AF	FORDING COVERAGE	i:					
ADDITIONAL NAMED INSURED:	INSURER A:	Lexington Insurance Co	ompany					
LAKE MARY LL	INSURER B:	National Union Fire Inst	urance Company of					
Ben Bartlett	(Non-Liability)	Pittsburgh, PA						
467 Still Forest Terrace Sanford, FL 32771	INSURER C:	AIG Specialty Insurance	e 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 THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED MANDED 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 #34 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 #34 OF THE MASTER D&O POLICY.

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)	LIN	IITS
			GENERAL LIABILITY				EACH OCCURRENCE	\$1,000,000
Α	Χ	X	OCCURRENCE	011405742	01/01/2021	01/01/2022	GENERAL AGGREGATE	\$2,000,000
		X	INCL PARTICIPANTS	Property Damage	e Deductible: \$250		PRODUCTS/COMP OPS AGGREGATE	\$1,000,000
		Х	SEXUAL ABUSE				Sexual Abuse OCCURRENCE	\$1,000,000
		^	SEXUAL ABUSE				Sexual Abuse AGGREGATE	\$1,000,000
			MEDICAL PAYMENTS				Any One Person	
				018194562	01/01/2021	01/01/2022	EACH LOSS	\$1,000,000 *
С	Х	l	DIRECTORS & OFFICERS	01/01/2022			AGGREGATE	\$1,000,000
С	Х	CYBER LIABILITY COVERAGE		018193395	01/01/2021	01/01/2022	LIMIT OF LIABILITY CLAIMS MADE	\$100,000 per LEAGUE AGGREGATE
	S&P	SEC	CURITY AND PRIVACY LIABILITY INSURANCE	\$100,000 PER LE \$1,000 PER LEAG	AGUE SUBLIMIT O	RETROACTIVE DATE POLICY INCEPTION	CONTINUITY DATE POLICY INCEPTION	
		REG	GULATORY ACTION SUBLIMIT OF LIABILITY		AGUE SUBLIMIT O	F LIABILITY	FOLICY INCEPTION	FOLICT INCEPTION
	EM	EVI	ENT MANAGEMENT INSURANCE		AGUE SUBLIMIT O	NOT APPLICABLE	POLICY INCEPTION	
Α	Х		CRIME COVERAGE	9472626	01/01/2021	01/01/2022	EACH LOSS	\$35,000
				Crime Deductible	e: \$250 Property/\$1	,000 Money	AGGREGATE	NONE
В	х		PORTS EXCESS ACCIDENT	SRG9105434	01/01/2021	01/01/2022	As in Master Policy: Med. Max. \$100,000 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:

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 KEPRESENTATIVE

DISCLAIMER



DATE (MM/DD/YYYY) 12/16/2020

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 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).

tŀ	is c	ertificate does not confer rights				uch en	dorsement(s).	equire air criac) Sement		atement on
_	DUCE					CONTA NAME:	David III					
		ne Risk Managers, LLC				PHONE (A/C, No	o, Ext): (570) 4	473-2150		FAX (A/C, No):	(570)	473-2151
199	95 P	oint Township Drive				E-MAIL ADDRE	ss: DIrwin@	Keystoneins	grp.com			
									DING COVERAGE			NAIC#
No	rthur	mberland			PA 17867			on Insurance				19437
INSU	IRED					INSURE	RB: AIG Sp	ecialty Insura	nce Company			26883
		Little League Baseball Risk	Purch	asing	Group, Incorporated	INSURE	R C :					
		LAKE MARY LL				INSURE	RD:					
		467 Still Forest Terrace				INSURE	RE:					
		Sanford			FL 32771	INSURE	RF:					
СО	VER	RAGES CE	RTIFIC	CATE	NUMBER:				REVISION NUI	MBER:		
IN C E	IDIC ERTI XCLI	IS TO CERTIFY THAT THE POLICIE ATED. NOTWITHSTANDING ANY R IFICATE MAY BE ISSUED OR MAY USIONS AND CONDITIONS OF SUCH	EQUIF PERT POLI	REMEI AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	OCUMENT WITH	H RESPE	CT TO	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	
	X	COMMERCIAL GENERAL LIABILITY							EACH OCCURREN		\$	1,000,000
		CLAIMS-MADE X OCCUR							DAMAGE TO RENT PREMISES (Ea occ	ED urrence)	\$	300,000
									MED EXP (Any one	person)	\$	Excluded
Α			X		011405742		01/01/2021	01/01/2022	PERSONAL & ADV	INJURY	\$	1,000,000
	GEI	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE	GATE	\$	2,000,000
		POLICY PRO- JECT LOC							PRODUCTS - COM	P/OP AGG	\$	1,000,000
	X	OTHER: Per League							SEXUAL ABUSE O		\$	1M/\$1M
	ΑU	TOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	ELIMIT	\$	
		ANY AUTO							BODILY INJURY (P		\$	
		OWNED SCHEDULED AUTOS							BODILY INJURY (P	er accident)	\$	
		HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMA((Per accident)	3E	\$	
											\$	
		UMBRELLA LIAB OCCUR							EACH OCCURREN	CE	\$	
		EXCESS LIAB CLAIMS-MAD	≣						AGGREGATE		\$	
		DED RETENTION\$									\$	
		RKERS COMPENSATION DEMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDE	NT	\$	
	(Mai	ICER/MEMBER EXCLUDED? ndatory in NH)	"'^^						E.L. DISEASE - EA	EMPLOYEE	\$	
	If ye DES	s, describe under SCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	LICY LIMIT	\$	
DES	CRIPT	TION OF OPERATIONS / LOCATIONS / VEHI	CLES (A	ACORD	101, Additional Remarks Schedu	le, may b	e attached if mor	e space is require	ed)			
0-		ata Haldan'a sasa daa Addiisaad			(00 0000 (04/40)							
Ce	rtific	ate Holder is named as Additional	nsure	a per	form CG 2026 (04/13)							
CE	RTIF	FICATE HOLDER				CANO	ELLATION					
						_						
Lı	o a th	row Master Association							ESCRIBED POLICE REOF, NOTICE			
11	calll	TOW WIGHT MONOCIATION							V PROVISIONS			

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995 Heathrow Blvd

Heathrow

FL 32746

AUTHORIZED REPRESENTATIVE

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		DATE (MM/DD/YY) 12/16/20					
Keystone Risk Managers, LLC 1995 Point Township Drive	CERTIFICATE #	CERTIFICATE #: 3091429-2021-1 3 09 19					
Northumberland, PA 17867	INSURERS AFFORDING COVERAGE:						
ADDITIONAL NAMED INSURED:	INSURER A:	Lexington Insurance C	ompany				
LAKE MARY LL	INSURER B:	National Union Fire Ins	urance Company of				
Ben Bartlett	(Non-Liability)	Pittsburgh, PA					
467 Still Forest Terrace Sanford, FL 32771	INSURER C:	AIG Specialty Insurance	e 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 #34 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 #34 OF THE MASTER DATE OF THE MASTER CYBER POLICY.

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)	LIN	IITS
			GENERAL LIABILITY				EACH OCCURRENCE	\$1,000,000
Α	X	X	OCCURRENCE	011405742	01/01/2021	01/01/2022	GENERAL AGGREGATE	\$2,000,000
		X	INCL PARTICIPANTS	Property Damage	e Deductible: \$250		PRODUCTS/COMP OPS AGGREGATE	\$1,000,000
		Χ	SEXUAL ABUSE				Sexual Abuse OCCURRENCE	\$1,000,000
		^	SEXUAL ABOSE				Sexual Abuse AGGREGATE	\$1,000,000
			MEDICAL PAYMENTS				Any One Person	
				018194562	01/01/2021	01/01/2022	EACH LOSS	\$1,000,000 *
С	Х		DIRECTORS & OFFICERS	010134302 01/01/2021 01/01/2022			AGGREGATE	\$1,000,000
С	Х	CY	BER LIABILITY COVERAGE	018193395	01/01/2021	01/01/2022	LIMIT OF LIABILITY CLAIMS MADE	\$100,000 PER LEAGUE AGGREGATE
	S&P	SE	CURITY AND PRIVACY LIABILITY INSURANCE	\$100,000 PER LE \$1,000 PER LEAG	AGUE SUBLIMIT O	RETROACTIVE DATE POLICY INCEPTION	CONTINUITY DATE POLICY INCEPTION	
		REC	GULATORY ACTION SUBLIMIT OF LIABILITY		AGUE SUBLIMIT O	F LIABILITY	POLICE INCLESTION	FOLICT INCLETION
	EM	EVI	ENT MANAGEMENT INSURANCE		AGUE SUBLIMIT O	F LIABILITY **	NOT APPLICABLE	POLICY INCEPTION
Α	Х		CRIME COVERAGE	9472626	01/01/2021	01/01/2022	EACH LOSS	\$35,000
				Crime Deductible	e: \$250 Property/\$1	,000 Money	AGGREGATE	NONE
В	Х		PORTS EXCESS ACCIDENT	SRG9105434	01/01/2021	01/01/2022	As in Master Policy: Med. Max. \$100,000 Deductible \$50	As in Master Policy Excess

<u>'INDICATES COVERAGE(S) SELECTED FOR ADDITIONAL NAMED INSURED</u>

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 REPRESENTATIVE

DISCLAIMER



DATE (MM/DD/YYYY) 12/16/2020

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.

lf :	SUBROGATION IS WAIVED, subject s certificate does not confer rights t	to th	ne tei	ms and conditions of th	ne polic uch enc	y, certain po lorsement(s	olicies may r	•			
PROD	UCER				CONTAC NAME:	David Irv	vin				
Key	stone Risk Managers, LLC				PHONE (A/C, No	. Ext): (570) 4	173-2150		FAX (A/C, No):	(570)	473-2151
199	5 Point Township Drive				E-MAIL ADDRES	s: DIrwin@	Keystoneinsg	grp.com			
						INS	URER(S) AFFOR	DING COVERAGE			NAIC#
Nor	thumberland			PA 17867	INSURE	RA: Lexingto	on Insurance	Company			19437
INSU	RED				INSURE	RB: AIG Sp	ecialty Insura	nce Company			26883
	Little League Baseball Risk F	Purch	asing	Group, Incorporated	INSURE	RC:					
	LAKE MARY LL				INSURER D:						
	467 Still Forest Terrace				INSURE	RE:					
	Sanford			FL 32771	INSURER F:						
CO	'ERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUM	BER:		
INI CE EX	IS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH	QUIF PERT POLI	REMEI AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF ANY ED BY	CONTRACT THE POLICIE EDUCED BY	OR OTHER DESCRIBED PAID CLAIMS.	DOCUMENT WITH	RESPEC	TO Y	WHICH THIS
NSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE		\$	1,000,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTE PREMISES (Ea occur		\$	300,000
								MED EXP (Any one p	erson)	\$	Excluded
Α		Х		011405742		01/01/2021	01/01/2022	PERSONAL & ADV IN	JURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGA	ATE	\$	2,000,000

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 PREMISES (Ea occurrence)	\$ 300,000
								MED EXP (Any one person)	\$ Excluded
Α			Х		011405742	01/01/2021	01/01/2022	PERSONAL & ADV INJURY	\$ 1,000,000
	GEI	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 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 accident)	\$
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
		DED RETENTION\$							\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Mar	ndatory in NH) s, describe under						E.L. DISEASE - EA EMPLOYEE	\$
	DES	CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
DES	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)								
Ce	rtifica	ate Holder is named as Additional In	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 som
·	•	© 1988-2015 ACORD COPPORATION All rights reserved

COMMERCIAL GENERAL LIABILITY CG 20 26 04 13

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) 12/16/20			
Keystone Risk Managers, LLC 1995 Point Township Drive	CERTIFICATE #	9: 3091429-2021-1	3 09 19		
Northumberland, PA 17867	INSURERS AFFORDING COVERAGE:				
ADDITIONAL NAMED INSURED:	INSURER A:	Lexington Insurance Co	ompany		
LAKE MARY LL	INSURER B:	National Union Fire Inst	urance Company of		
Ben Bartlett	(Non-Liability)	Pittsburgh, PA			
467 Still Forest Terrace Sanford, FL 32771	INSURER C:	AIG Specialty Insurance	e 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 THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED MANDED 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 #34 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 #34 OF THE MASTER D&O POLICY.

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)	LIN	IITS
			GENERAL LIABILITY				EACH OCCURRENCE	\$1,000,000
Α	Χ	X	OCCURRENCE	011405742	01/01/2021	01/01/2022	GENERAL AGGREGATE	\$2,000,000
		X	INCL PARTICIPANTS	Property Damage	e Deductible: \$250		PRODUCTS/COMP OPS AGGREGATE	\$1,000,000
		Х	SEXUAL ABUSE				Sexual Abuse OCCURRENCE	\$1,000,000
		^	SEXUAL ABUSE				Sexual Abuse AGGREGATE	\$1,000,000
			MEDICAL PAYMENTS				Any One Person	
				018194562	01/01/2021	01/01/2022	EACH LOSS	\$1,000,000 *
С	Х	l	DIRECTORS & OFFICERS	01/01/2022			AGGREGATE	\$1,000,000
С	Х	CYBER LIABILITY COVERAGE		018193395	01/01/2021	01/01/2022	LIMIT OF LIABILITY CLAIMS MADE	\$100,000 per LEAGUE AGGREGATE
	S&P	SEC	CURITY AND PRIVACY LIABILITY INSURANCE	\$100,000 PER LE \$1,000 PER LEAG	AGUE SUBLIMIT O	RETROACTIVE DATE POLICY INCEPTION	CONTINUITY DATE POLICY INCEPTION	
		REG	GULATORY ACTION SUBLIMIT OF LIABILITY		AGUE SUBLIMIT O	F LIABILITY	FOLICY INCEPTION	FOLICT INCEPTION
	EM	EVI	ENT MANAGEMENT INSURANCE		AGUE SUBLIMIT O	NOT APPLICABLE	POLICY INCEPTION	
Α	Х		CRIME COVERAGE	9472626	01/01/2021	01/01/2022	EACH LOSS	\$35,000
				Crime Deductible	e: \$250 Property/\$1	,000 Money	AGGREGATE	NONE
В	х		PORTS EXCESS ACCIDENT	SRG9105434	01/01/2021	01/01/2022	As in Master Policy: Med. Max. \$100,000 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:

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. AUTHORIZED REPRESENTATIVE

DISCLAIMER



DATE (MM/DD/YYYY) 12/16/2020

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 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).										tatement on	
PRO	DUCE	R				CONTACT David Irwin					
Keystone Risk Managers, LLC							PHONE (A/C, No, Ext): (570) 473-2150 FAX (A/C, No): (570) 473-2151				
199	5 P	oint Township Drive				E-MAIL ADDRESS: DIrwin@Keystoneinsgrp.com					
						INSURER(S) AFFORDING COVERAGE				NAIC#	
Northumberland PA 17867						INSURER A: Lexington Insurance Company					19437
INSURED						INSURER B: AIG Specialty Insurance Company					26883
Little League Baseball Risk Purchasing Group, Incorporated						INSURER C:					
LAKE MARY LL						INSURER D:					
467 Still Forest Terrace						INSURER E :					
Sanford FL 32771							INSURER F:				
CO	/ER	AGES CER	TIFIC	CATE	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.											
INSR LTR		TYPE OF INSURANCE	TYPE OF INSURANCE ADDL SUBR INSD WVD		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	X	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
									MED EXP (Any one person)	\$	Excluded
Α					011405742		01/01/2021	01/01/2022	PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	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 HIRED SCHEDULED NON-OWNED							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\$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER				
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)								E.L. EACH ACCIDENT	\$	
								E.L. DISEASE - EA EMPLOYE	\$		
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 Auril Aur				
		© 4000 0045 ACODD CODDODATION All sinkto recorned				

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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.