CERTIFICATE OF LIABILITY INS	DATE (MM/DD/YY) 01/20/23		
Keystone Risk Managers, LLC 1995 Point Township Drive	CERTIFICATE #	: 3091429-2023-4	3 09 19
Northumberland, PA 17867	INSURERS AF	FORDING COVERAG	E:
ADDITIONAL NAMED INSURED:	INSURER A:	Lexington Insurance C	Company
LAKE MARY LL	INSURER B:	National Union Fire Ins	surance Company of
5054 Otters Den Trail	(Non-Liability)	Pittsburgh, PA	
Sanford, FL Sanford, FL 32771	INSURER C: AIG Specialty Insurance		ce 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) DATE (MM/DD/YYYY)		IITS		
			GENERAL LIABILITY				EACH OCCURRENCE	\$1,000,000
Α	X	X	OCCURRENCE	011405746	01/01/2023	01/01/2024	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 ADUSE				Sexual Abuse AGGREGATE	\$1,000,000
			MEDICAL PAYMENTS				Any One Person	
		DIRECTORS & OFFICERS		DIRECTORS & OFFICERS 015454400 01/01/2023 01/01/2024		EACH LOSS	\$1,000,000 *	
С	Х			010404400 01/01/2023 01/01/2024			AGGREGATE	\$1,000,000
С	Х	CYBER LIABILITY COVERAGE		CYBER LIABILITY COVERAGE 015440383 01/01/2023 01/01/2024		LIMIT OF LIABILITY CLAIMS MADE	\$100,000 PER LEAGUE AGGREGATE	
	S&P	SE	CURITY AND PRIVACY LIABILITY INSURANCE		AGUE SUBLIMIT O	RETROACTIVE DATE POLICY INCEPTION	CONTINUITY DATE POLICY INCEPTION	
		REC	GULATORY ACTION SUBLIMIT OF LIABILITY		AGUE SUBLIMIT O	F LIABILITY	TOLIOT INOLI TION	TOLIOT MOLI HON
	EM	EVI	ENT MANAGEMENT INSURANCE		AGUE SUBLIMIT O	F LIABILITY **	NOT APPLICABLE	POLICY INCEPTION
Α	Х		CRIME COVERAGE	9472683	01/01/2023	01/01/2024	EACH LOSS	\$35,000
				Crime Deductible	e: \$250 Property/\$1	,000 Money	AGGREGATE	NONE
В	х		PORTS EXCESS ACCIDENT	SRG9105434	01/01/2023	01/01/2024	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:

1. Seminole County Board of County Commissioners 2. County Of Volusia 3. City of Lake Mary 4. City of Longwood 5. Seminole County School Board

ĺ	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) 01/20/23						
Keystone Risk Managers, LLC 1995 Point Township Drive	CERTIFICATE #	CERTIFICATE #: 3091429-2023-4					
Northumberland, PA 17867	INSURERS AF	INSURERS AFFORDING COVERAGE:					
ADDITIONAL NAMED INSURED:	INSURER A:	Lexington Insurance C	ompany				
LAKE MARY LL	INSURER B:	National Union Fire Ins	surance Company of				
5054 Otters Den Trail	(Non-Liability)	Pittsburgh, PA					
Sanford, FL 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	X	X	OCCURRENCE	011405746	01/01/2023	01/01/2024	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 ABUSE				Sexual Abuse AGGREGATE	\$1,000,000
			MEDICAL PAYMENTS				Any One Person	
_		DIRECTORS & OFFICERS		DIRECTORS & OFFICERS 015454400 01/01/2023 01/01/2024		EACH LOSS	\$1,000,000 *	
С	Х			015454400 01/01/2023 01/01/2024			AGGREGATE	\$1,000,000
С	Х	CYBER LIABILITY COVERAGE		CYBER LIABILITY COVERAGE 015440383 01/01/2023 01/01/2024		LIMIT OF LIABILITY CLAIMS MADE	\$100,000 PER LEAGUE AGGREGATE	
	S&P	SE	CURITY AND PRIVACY LIABILITY INSURANCE		AGUE SUBLIMIT O	RETROACTIVE DATE POLICY INCEPTION	CONTINUITY DATE POLICY INCEPTION	
		REC	GULATORY ACTION SUBLIMIT OF LIABILITY		AGUE SUBLIMIT O	F LIABILITY	T GEIGT INGEN TIGHT	T GEIGT INGER TIGHT
	EM	EVI	ENT MANAGEMENT INSURANCE		AGUE SUBLIMIT O	F LIABILITY **	NOT APPLICABLE	POLICY INCEPTION
Α	Х		CRIME COVERAGE	9472683	01/01/2023	01/01/2024	EACH LOSS	\$35,000
				Crime Deductible	e: \$250 Property/\$1	,000 Money	AGGREGATE	NONE
В	Х	SF	PORTS EXCESS ACCIDENT	SRG9105434	01/01/2023	01/01/2024	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 Board of County Commissioners 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) 1/20/2023

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.

If	IPORTANT: If the certificate holder i SUBROGATION IS WAIVED, subject is certificate does not confer rights to	to th	ne ter	rms and conditions of th	e polic	y, certain po	olicies may i	•		
PROI	DUCER				CONTAC NAME:	CT David Irv	vin			
Key	stone Risk Managers, LLC				PHONE (A/C, No	o, Ext): (570) 4	73-2150	FAX (A/C	X C, No): (570) 473-2151
199	5 Point Township Drive				E-MAIL ADDRES	Dimuin@	Keystoneins	grp.com		
						INS	URER(S) AFFOR	DING COVERAGE		NAIC#
Noi	thumberland			PA 17867	INSURE	RA: Lexingto	on Insurance	Company		19437
INSU	RED				INSURE	RB: AIG Spe	ecialty Insura	nce Company		26883
	Little League Baseball Risk F	Purch	asing	Group, Incorporated	INSURE	RC:				
	LAKE MARY LL				INSURE	RD:				
	5054 Otters Den Trail				INSURE	RE:				
	Sanford			FL 32771	INSURER F:					
CO	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBE	ER:	
IN CE	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I KCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF ANY	CONTRACT	OR OTHER I	OCUMENT WITH RE	ESPECT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence	nce) \$	300,000
								MED EXP (Any one perso	on) \$	Excluded
Α		Х		011405746		01/01/2023	01/01/2024	PERSONAL & ADV INJUR	JRY \$	1,000,000
	GEN'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/AG		1M/\$1M
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMI (Ea accident)	1IT \$	

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

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

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

CERTIFICATE HOLDER SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN Seminole County Board of County Commissioners ACCORDANCE WITH THE POLICY PROVISIONS. 3450 E Lake Mary Blvd AUTHORIZED REPRESENTATIVE FL 32773 Sanford

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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 Commissioners 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 LIABILITY INS	DATE (MM/DD/YY) 01/20/23					
Keystone Risk Managers, LLC 1995 Point Township Drive	CERTIFICATE #	<i>‡</i> : 3091429-2023-4	3 09 19			
Northumberland, PA 17867	INSURERS AFFORDING COVERAGE:					
ADDITIONAL NAMED INSURED:	INSURER A:	Lexington Insurance (Company			
LAKE MARY LL	INSURER B:	National Union Fire In	surance Company of			
5054 Otters Den Trail	(Non-Liability)	Pittsburgh, PA				
Sanford, FL Sanford, FL 32771	INSURER C: AIG Specialty Insurance		ce 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 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	011405746	01/01/2023	01/01/2024	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	
		DIRECTORS & OFFICERS		015454400	01/01/2023	01/01/2024	EACH LOSS	\$1,000,000 *
С	Х			01/01/2023 01/01/2024			AGGREGATE	\$1,000,000
С	Х	CYBER LIABILITY COVERAGE		015440383	01/01/2023	01/01/2024	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	POLICE INCLESTION	FOLICT INCLETION
	EM	EVI	ENT MANAGEMENT INSURANCE		AGUE SUBLIMIT O	F LIABILITY **	NOT APPLICABLE	POLICY INCEPTION
Α	Х		CRIME COVERAGE	9472683	01/01/2023	01/01/2024	EACH LOSS	\$35,000
		Oranie Odveroide		Crime Deductible: \$250 Property/\$1,000 Money			AGGREGATE	NONE
В	х	-	PORTS EXCESS ACCIDENT	SRG9105434	01/01/2023	01/01/2024	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:

County Of Volusia 123 W Indiana Ave DeLand, FL 32720

NSURED	CANCELLATION
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE
	THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE
Little League Baseball Risk Purchasing Group, Incorporated	WITH THE POLICY PROV <u>ISIONS</u> .
539 U.S.ŘT. 15 Highway	
South Williamsport, PA 17702	() 9 /).
	Laur James
.	

AUTHORIZED REPRESENTATIVE

DISCLAIMER



DATE (MM/DD/YYYY) 1/20/2023

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.

If	PORTANT: If the certificate holder SUBROGATION IS WAIVED, subjectis certificate does not confer rights	t to tl	he te	rms and conditions of th	e polic	y, certain po	olicies may ı			
PRO	DUCER				CONTA NAME:	ст David Irv	vin			
Key	stone Risk Managers, LLC				PHONE (A/C, No	o. Ext): (570) 4	473-2150	FAX (A/C, No)	(570)) 473-2151
199	5 Point Township Drive				E-MAIL ADDRE	Dimuin@	Keystoneins	grp.com		
								DING COVERAGE		NAIC#
No	thumberland			PA 17867		RA: Lexingto				19437
INSU	RED				INSURE	RB: AIG Spe	ecialty Insura	nce Company		26883
	Little League Baseball Risk	Purch	asing	g Group, Incorporated	INSURE	R C:				
	LAKE MARY LL				INSURE	RD:				
	5054 Otters Den Trail				INSURE	RE:				
	Sanford			FL 32771	INSURE	RF:				
				NUMBER:				REVISION NUMBER:		
IN CI E)	IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY ICLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT POLI	REME AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDS LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIES REDUCED BY I	OR OTHER I S DESCRIBEI PAID CLAIMS.	OCUMENT WITH RESPE	CT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	TS	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR				01/01/2023	01/01/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000	
							MED EXP (Any one person)	\$	Excluded	
Α		X		011405746			PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'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
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION\$							DED	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYE	\$	
	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
County Of Volusia		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
123 W Indiana Ave		AUTHORIZED REPRESENTATIVE 9
DeLand	FL 32720	Lain sin
·		© 1988-2015 ACORD CORPORATION All rights reserved

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):

County Of Volusia 123 W Indiana Ave DeLand, FL 32720

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) 01/20/23					
Keystone Risk Managers, LLC 1995 Point Township Drive	CERTIFICATE #	3091429-2023-4	3 09 19			
Northumberland, PA 17867	INSURERS AF	INSURERS AFFORDING COVERAGE:				
ADDITIONAL NAMED INSURED:	INSURER A:	Lexington Insurance Co	ompany			
LAKE MARY LL	INSURER B:	National Union Fire Inst	urance Company of			
5054 Otters Den Trail	(Non-Liability)	·				
Sanford, FL Sanford, FL 32771	INSURER C: AIG Specialty Insurance Comp					

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)	LIMITS		
		GENERAL LIABILITY					EACH OCCURRENCE	\$1,000,000	
Α	X	X	OCCURRENCE	011405746	01/01/2023	01/01/2024	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 ADUSE				Sexual Abuse AGGREGATE	\$1,000,000	
			MEDICAL PAYMENTS				Any One Person		
				DIRECTORS & OFFICERS 015454400 01/01/2023 01/01/2024		EACH LOSS	\$1,000,000 *		
С	Х		DIRECTORS & OFFICERS	010404400 01/01/2023 01/01/2024			AGGREGATE	\$1,000,000	
С	Х	CY	CYBER LIABILITY COVERAGE 015440383 01/01/2023 01/01/2024		LIMIT OF LIABILITY CLAIMS MADE	\$100,000 PER LEAGUE AGGREGATE			
	S&P	SE	CURITY AND PRIVACY LIABILITY INSURANCE		AGUE SUBLIMIT O	F LIABILITY **	RETROACTIVE DATE POLICY INCEPTION	CONTINUITY DATE POLICY INCEPTION	
		REC	GULATORY ACTION SUBLIMIT OF LIABILITY		AGUE SUBLIMIT O	F LIABILITY	TOLIOT INOLI TION	TOLIOT MOLI HON	
	EM	EVI	ENT MANAGEMENT INSURANCE		AGUE SUBLIMIT O	F LIABILITY **	NOT APPLICABLE	POLICY INCEPTION	
Α	Х		CRIME COVERAGE	9472683	01/01/2023	01/01/2024	EACH LOSS	\$35,000	
				Crime Deductible	e: \$250 Property/\$1	,000 Money	AGGREGATE	NONE	
В	х		PORTS EXCESS ACCIDENT	SRG9105434	01/01/2023	01/01/2024	As in Master Policy: Med. Max. \$100,000 Deductible \$50	Max. \$100,000 As in Master Policy	

<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:

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) 1/20/2023

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.

	•										
If	IPORTANT: If the certificate holder SUBROGATION IS WAIVED, subject is certificate does not confer rights t	to th	ne tei	rms and conditions of th	e polic	y, certain po	olicies may ı				
PRO	DUCER				CONTA NAME:	ст David Irv	vin				
Key	stone Risk Managers, LLC				PHONE (A/C, No	o. Ext): (570) 4	473-2150	FAX (A/C, N	No): ((570)	473-2151
199	95 Point Township Drive				E-MAIL ADDRE		Keystoneins				
						INS	SURER(S) AFFOR	DING COVERAGE			NAIC#
No	thumberland			PA 17867	INSURE	RA: Lexingto	on Insurance	Company			19437
INSU	RED				INSURE	RB: AIG Spe	ecialty Insura	nce Company			26883
	Little League Baseball Risk I	Purch	asing	Group, Incorporated	INSURE	R C :					
	LAKE MARY LL				INSURE	RD:					
	5054 Otters Den Trail				INSURE	RE:					
	Sanford			FL 32771	INSURE	RF:					
CO	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER	! :		
IN CI	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN' ED BY	Y CONTRACT	OR OTHER I	DOCUMENT WITH RES	PECT	TO V	WHICH THIS
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	L	IMITS		
	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		011405746		01/01/2023	01/01/2024	PERSONAL & ADV INJURY	′ \$		1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$		2,000,000
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AC	GG \$		1,000,000
	X OTHER: Per League							SEXUAL ABUSE OCC/AGG	\$		1M/\$1M
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per perso	on) \$		
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per accide	ent) \$		
	HIRED NON-OWNED							PROPERTY DAMAGE (Per accident)	\$		

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)

OCCUR

CLAIMS-MADE

N/A

CERTIFICATE HOLDER		CANCELLATION
City of Lake Mary		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
550 Rantoul Lane Lake Mary	FL 32746	AUTHORIZED REPRESENTATIVE
	•	© 1099 2015 ACORD CORPORATION All rights received

EACH OCCURRENCE

STATUTE

E.L. EACH ACCIDENT

E.L. DISEASE - EA EMPLOYEE

E.L. DISEASE - POLICY LIMIT

AGGREGATE

\$

\$

\$

\$

UMBRELLA LIAB

WORKERS COMPENSATION

AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?

If yes, describe under DESCRIPTION OF OPERATIONS below

RETENTION \$

EXCESS LIAB

DED

(Mandatory in NH)

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) 01/20/23				
Keystone Risk Managers, LLC 1995 Point Township Drive	CERTIFICATE #	t: 3091429-2023-4 3 09 19			
Northumberland, PA 17867	INSURERS AF	FORDING COVERAGE:			
ADDITIONAL NAMED INSURED:	INSURER A:	Lexington Insurance Company			
LAKE MARY LL	INSURER B:	National Union Fire Insurance Company of			
5054 Otters Den Trail	(Non-Liability)	Pittsburgh, PA			
Sanford, FL Sanford, FL 32771	INSURER C:	R C: AIG Specialty Insurance Company			

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

*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)	LIMITS		
		GENERAL LIABILITY					EACH OCCURRENCE	\$1,000,000	
Α	X	X	OCCURRENCE	011405746	01/01/2023	01/01/2024	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 ADUSE				Sexual Abuse AGGREGATE	\$1,000,000	
			MEDICAL PAYMENTS				Any One Person		
				DIRECTORS & OFFICERS 015454400 01/01/2023 01/01/2024		EACH LOSS	\$1,000,000 *		
С	Х		DIRECTORS & OFFICERS	010404400 01/01/2023 01/01/2024			AGGREGATE	\$1,000,000	
С	Х	CY	CYBER LIABILITY COVERAGE 015440383 01/01/2023 01/01/2024		LIMIT OF LIABILITY CLAIMS MADE	\$100,000 PER LEAGUE AGGREGATE			
	S&P	SE	CURITY AND PRIVACY LIABILITY INSURANCE		AGUE SUBLIMIT O	F LIABILITY **	RETROACTIVE DATE POLICY INCEPTION	CONTINUITY DATE POLICY INCEPTION	
		REC	GULATORY ACTION SUBLIMIT OF LIABILITY		AGUE SUBLIMIT O	F LIABILITY	TOLIOT INOLI TION	TOLIOT MOLI HON	
	EM	EVI	ENT MANAGEMENT INSURANCE		AGUE SUBLIMIT O	F LIABILITY **	NOT APPLICABLE	POLICY INCEPTION	
Α	Х		CRIME COVERAGE	9472683	01/01/2023	01/01/2024	EACH LOSS	\$35,000	
				Crime Deductible	e: \$250 Property/\$1	,000 Money	AGGREGATE	NONE	
В	х		PORTS EXCESS ACCIDENT	SRG9105434	01/01/2023	01/01/2024	As in Master Policy: Med. Max. \$100,000 Deductible \$50	Max. \$100,000 As in Master Policy	

<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:

City of Longwood 175 West Warren Avenue Longwood, FL 32750

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) 1/20/2023

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If	IPORTANT: If the certificate holder i SUBROGATION IS WAIVED, subject is certificate does not confer rights to	to th	ne tei	rms and conditions of th	e polic	cy, certain po	olicies may ı	•			
PRO	DUCER				CONTA NAME:	CT David Irv	vin				
Key	stone Risk Managers, LLC				PHONE (A/C, No	o. Ext): (570) 4	173-2150	FAX (A/C	X (C. No): (570)	473-2151
199	5 Point Township Drive				E-MAIL ADDRE	ss: Dlrwin@	Keystoneins	grp.com	•		
						INS	URER(S) AFFOR	DING COVERAGE			NAIC#
No	thumberland			PA 17867	INSURE	RA: Lexingto	on Insurance	Company			19437
INSU	RED				INSURE	RB: AIG Spe	ecialty Insura	nce Company			26883
	Little League Baseball Risk F	urch	asing	Group, Incorporated	INSURE	RC:					
	LAKE MARY LL				INSURE	RD:					
	5054 Otters Den Trail				INSURE	RE:					
	Sanford			FL 32771	INSURE	RF:					
CO	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBE	ER:		
IN CI	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I (CLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN' ED BY	Y CONTRACT THE POLICIE	OR OTHER I	DOCUMENT WITH RI	ESPECT	TO V	WHICH THIS
INSR LTR	TYPE OF INSURANCE		SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$		1,000,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurren	nce) \$		300,000
								MED EXP (Any one person	son) \$		Excluded
Α		Х		011405746		01/01/2023	01/01/2024	PERSONAL & ADV INJU	JRY \$		1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	E \$		2,000,000
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP	P AGG \$		1,000,000
	X OTHER: Per League							SEXUAL ABUSE OCC/A			1M/\$1M
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIM (Ea accident)	MIT \$		
	ANY AUTO							BODILY INJURY (Per pe	erson) \$		

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

Certificate Holder is named as Additional Insured per form CG 2026 (04/13)	
CERTIFICATE HOLDER	CANCELLATION
City of Longwood	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
175 West Warren Avenue	AUTHORIZED REPRESENTATIVE

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Longwood

FL 32750

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 Longwood 175 West Warren Avenue Longwood, FL 32750

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

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

However:

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

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

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

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

whichever is less.

CERTIFICATE OF LIABILITY IN	DATE (MM/DD/YY) 01/20/23			
Keystone Risk Managers, LLC 1995 Point Township Drive	CERTIFICATE #	t: 3091429-2023-4	3 09 19	
Northumberland, PA 17867	INSURERS AFFORDING COVERAGE:			
ADDITIONAL NAMED INSURED:	INSURER A:	Lexington Insurance (Company	
LAKE MARY LL	INSURER B:	National Union Fire In	surance Company of	
5054 Otters Den Trail	(Non-Liability)	Pittsburgh, PA		
Sanford, FL Sanford, FL 32771	INSURER C:	AIG Specialty Insuran	ce 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 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)	LIMITS		
			GENERAL LIABILITY				EACH OCCURRENCE	\$1,000,000	
Α	Χ	X	OCCURRENCE	011405746	01/01/2023	01/01/2024	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		
		DIRECTORS & OFFICERS		DIRECTORS & OFFICERS 015454400 01/01/2023 01/01/2024		EACH LOSS	\$1,000,000 *		
С	Х			015454400	01/01/2023	01/01/2024	AGGREGATE	\$1,000,000	
С	Х	CY	BER LIABILITY COVERAGE	015440383	01/01/2023	01/01/2024	LIMIT OF LIABILITY CLAIMS MADE	\$100,000 PER LEAGUE AGGREGATE	
	S&P	SEC	CURITY AND PRIVACY LIABILITY INSURANCE		AGUE SUBLIMIT O	RETROACTIVE DATE POLICY INCEPTION	CONTINUITY DATE POLICY INCEPTION		
		REG	GULATORY ACTION SUBLIMIT OF LIABILITY		AGUE SUBLIMIT O	F LIABILITY	TOLIOT INOLI TION	TOLIOT MOLI TION	
	EM	EVI	ENT MANAGEMENT INSURANCE		AGUE SUBLIMIT O	F LIABILITY **	NOT APPLICABLE	POLICY INCEPTION	
Α	Х	CRIME COVERAGE		9472683	01/01/2023	01/01/2024	EACH LOSS	\$35,000	
				Crime Deductible	e: \$250 Property/\$1	,000 Money	AGGREGATE	NONE	
В	х	-	PORTS EXCESS ACCIDENT	SRG9105434	01/01/2023	01/01/2024	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

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

DISCLAIMER



DATE (MM/DD/YYYY) 1/20/2023

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).														
PROI	DUCEF	₹		_				CONTA NAME:	CT David Irv	vin				
Keystone Risk Managers, LLC						PHONE (A/C, No	5, Ext): (570)	473-2150	FAX (A/C	(C, No):	(570)	473-2151		
1995 Point Township Drive			E-MAIL ADDRE	ss: DIrwin@	Keystoneins									
							SURER(S) AFFOR	RDING COVERAGE			NAIC#			
Northumberland PA 17867					INSURE	RA: Lexingto	on Insurance	Company			19437			
INSU	RED							INSURE	RB: AIG Sp	ecialty Insura	nce Company			26883
		Little League	е Ва	aseball Risk F	urch	asing	g Group, Incorporated	INSURE	R C :					
		LAKE MARY	/ LL	_				INSURE	RD:					
		5054 Otters	De	n Trail				INSURE	RE:					
		Sanford					FL 32771	INSURE	RF:					
CO	VER/	AGES		CER	TIFIC	CATE	E NUMBER:				REVISION NUMBE	R:		
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIC INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERM EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						WHICH THIS								
INSR LTR		TYPE OF INSURANCE ADDL SUBRINSD WVD POLICY					POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS					
	X	CLAIMS-MADE OCCUR									EACH OCCURRENCE		\$	1,000,000
											DAMAGE TO RENTED PREMISES (Ea occurrence)	ce)	\$	300,000
											MED EXP (Any one perso	on)	\$	Excluded
A G					Х		011405746		01/01/2023	01/01/2024	PERSONAL & ADV INJUR	RY	\$	1,000,000
	GEN'	EN'L AGGREGATE LIMIT APPLIES PER:									GENERAL AGGREGATE		\$	2,000,000
	_	POLICY PRO- JECT		LOC							PRODUCTS - COMP/OP	AGG	\$	1,000,000
	X	OTHER: Per Leagu	ie								SEXUAL ABUSE OCC/AG		\$	1M/\$1M
	AUT	OMOBILE LIABILITY									COMBINED SINGLE LIMI (Ea accident)	IT	\$	
ANY AUTO									BODILY INJURY (Per per	rson)	\$			
OWNED SCHEDULED AUTOS ONLY								BODILY INJURY (Per acc	cident)	\$				
		HIRED AUTOS ONLY		DN-OWNED JTOS ONLY							PROPERTY DAMAGE (Per accident)		\$	
													\$	
		UMBRELLA LIAB		OCCUR							EACH OCCURRENCE		\$	
		EXCESS LIAB		CLAIMS-MADE							AGGREGATE		\$	

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)

N/A

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
		0 4000 2045 ACORD CORDORATION All wights recogned

\$

PER STATUTE

E.L. EACH ACCIDENT

E.L. DISEASE - EA EMPLOYEE

E.L. DISEASE - POLICY LIMIT

DED

(Mandatory in NH)

WORKERS COMPENSATION

AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?

If yes, describe under DESCRIPTION OF OPERATIONS below

RETENTION \$

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.