CERTIFICA	DATE (MM/DD/YY) 12/08/23		
PRODUCER	CERTIFICATE #:	3091429-2024-1	3 09 19
Keystone Risk Managers, LLC 1995 Point Township Drive			
Northumberland, PA 17867	INSURERS AF	FORDING COVERAGE:	
ADDITIONAL NAMED INSURED:	INSURER A:	Interstate Fire & Casualty	Company
LAKE MARY LL	INSURER B:	National Union Fire Insura	nce Company of
5054 Otters Den Trail Sanford, FL	(Non-Liability)	Pittsburgh, PA	
Sanford, FL 32771	INSURER C:	AIG Specialty Insurance C	ompany
	INSURER D:	Markel American 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 #31 OF THE MASTER D&O POLICY.

** SUBJECT TO \$5,000,000 AGGREGATE SUBLIMIT OF LIABILITY FOR ALL LEAGUES, COMBINED, UNDER THE MASTER CYBER POLICY, FOR SPECIFIED DEFENSE COSTS, AS MORE FULLY DESCRIBED IN ENDORSEMENT #14 OF THE MASTER CYBER POLICY.

INSR LTR	ADD'L NAMED INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
Α	Х	GENERAL LIABILITY	UST030987240	01/01/2024	01/01/2025	EACH OCCURRENCE	\$1,000,000
		X OCCURRENCE		GENERAL AGGREGATE	\$2,000,000		
		X INCL PARTICIPANTS	Property Damage I	Deductible: \$250		PRODUCTS/COMP OPS AGGREGATE	\$1,000,000
		X SEXUAL ABUSE				Sexual Abuse OCCURRENCE	\$1,000,000
		X GENONE NEGGE				Sexual Abuse AGGREGATE	\$1,000,000
		MEDICAL PAYMENTS				Any One Person	
С	Х		014674121	01/01/2024	01/01/2025	EACH LOSS	\$1,000,000*
C	^	DIRECTORS & OFFICERS	014074121	01/01/2025		AGGREGATE	\$1,000,000
С	Х	CYBER LIABILITY COVERAGE	014681404	01/01/2024	01/01/2025	LIMIT OF LIABILITY CLAIMS MADE	\$100,000 PER LEAGUE AGGREGATE
	S&P	SECURITY AND PRIVACY LIABILITY INSURANCE	\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY** \$1,000 PER LEAGUE RETENTION			RETROACTIVE DATE	CONTINUITY DATE
		REGULATORY ACTION SUBLIMIT OF LIABILITY	\$100,000 PER LEA \$1,000 PER LEAGU		LIABILITY	POLICY INCEPTION	POLICY INCEPTION
	EM	EVENT MANAGEMENT INSURANCE	\$100,000 PER LEA \$1,000 PER LEAGU		LIABILITY**	NOT APPLICABLE	POLICY INCEPTION
D	Х	INLAND MARINE/PROPERTY FLOATER	MKLM7IM0054394	01/01/2024	01/01/2025	EACH LOSS	\$35,000 Deductible: \$500
Α	Х	CRIME	UST030998240	01/01/2024	01/01/2025	EACH LOSS	\$35,000 Deductible: \$1,000
В	Х	SPORTS EXCESS ACCIDENT	SRG9105434	01/01/2024	01/01/2025	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:

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

INSURED

Little League Baseball Risk Purchasing Group, Incorporated 539 U.S. RT. 15 Highway South Williamsport, PA 17702

CANCELLATION

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

CERTIFICAT	DATE (MM/DD/YY) 12/08/23		
PRODUCER	CERTIFICATE #:	3091429-2024-1	3 09 19
Keystone Risk Managers, LLC			
1995 Point Township Drive Northumberland, PA 17867	INSURERS AF	FORDING COVERAG	E:
ADDITIONAL NAMED INSURED:	INSURER A:	Interstate Fire & Casua	Ilty Company
LAKE MARY LL	INSURER B:	National Union Fire Ins	surance Company of
5054 Otters Den Trail Sanford, FL	(Non-Liability)	Pittsburgh, PA	
Sanford, FL 32771	INSURER C:	AIG Specialty Insurance	e Company
	INSURER D:	Markel American Insur	ance 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.

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** SUBJECT TO \$5,000,000 AGGREGATE SUBLIMIT OF LIABILITY FOR ALL LEAGUES, COMBINED, UNDER THE MASTER CYBER POLICY, FOR SPECIFIED DEFENSE

COSTS, AS MORE FULLY DESCRIBED IN ENDORSEMENT #14 OF THE MASTER CYBER POLICY.

INSR LTR	ADD'L NAMED INSRD		TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
Α	Х		GENERAL LIABILITY	UST030987240	01/01/2024	01/01/2025	EACH OCCURRENCE	\$1,000,000
,,		X OCCURRENCE		V		GENERAL AGGREGATE	\$2,000,000	
		X	INCL PARTICIPANTS	Property Damage I	Deductible: \$250		PRODUCTS/COMP OPS AGGREGATE	\$1,000,000
		X SEXUAL ABUSE					Sexual Abuse OCCURRENCE	\$1,000,000
			GENOAL ADOGE				Sexual Abuse AGGREGATE	\$1,000,000
			MEDICAL PAYMENTS				Any One Person	
С	Х			014674121	01/01/2024	01/01/2025	EACH LOSS	\$1,000,000*
	^	D	IRECTORS & OFFICERS	CERS 017077121 0170172027 0170172023		01/01/2023	AGGREGATE	\$1,000,000
С	Х		CYBER LIABILITY COVERAGE	014681404	01/01/2024	01/01/2025	LIMIT OF LIABILITY CLAIMS MADE	\$100,000 PER LEAGUE AGGREGATE
	S&P	SEC	URITY 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	\$100,000 PER LEA \$1,000 PER LEAGU	GUE SUBLIMIT OF JE RETENTION	LIABILITY	POLICY INCEPTION	FOLICY INCEPTION
	EM	EVEI	NT MANAGEMENT INSURANCE	\$100,000 PER LEA \$1,000 PER LEAGU	GUE SUBLIMIT OF JE RETENTION	LIABILITY**	NOT APPLICABLE	POLICY INCEPTION
D	Х	INL	AND MARINE/PROPERTY FLOATER	MKLM7IM0054394	01/01/2024	01/01/2025	EACH LOSS	\$35,000 Deductible: \$500
Α	Х		CRIME	UST030998240	01/01/2024	01/01/2025	EACH LOSS	\$35,000 Deductible: \$1,000
В	х	SP	ORTS EXCESS ACCIDENT	SRG9105434	01/01/2024	01/01/2025	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

Little League Baseball Risk Purchasing Group, Incorporated 539 U.S. RT. 15 Highway South Williamsport, PA 17702

CANCELLATION

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/8/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

tł	nis certificate does not confer rights to	o the	cert	ificate holder in lieu of si).			
PRO	DUCER				CONTA NAME:	David IIV	vin			
Ke	ystone Risk Managers, LLC				PHONE (A/C, No	o, Ext): (570) 4	473-2150	FAX (A/C	, No): (5	570) 473-2151
19	95 Point Township Drive				E-MAIL ADDRE	Dimi.e	Keystoneinso		, ,	
						INS	SURER(S) AFFOR	DING COVERAGE		NAIC#
No	rthumberland			PA 17867	INSURE	RA: Intersta	te Fire & Cas	ualty Company		22829
INSU	JRED				INSURE	R B :				
	Little League Baseball Risk P	urch	nasing	Group, Incorporated	INSURE	R C :				
	LAKE MARY LL				INSURE	RD:				
	5054 Otters Den Trail				INSURE	RE:				
	Sanford			FL 32771	INSURE	RF:				
				NUMBER:	VE DEE	N 10011ED TO		REVISION NUMBE		DOLLOY DEDICE
IN C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I XCLUSIONS AND CONDITIONS OF SUCH I	QUIF PERT POLI	REME TAIN, 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 DESCRIBED PAID CLAIMS.	OCUMENT WITH RE	SPECT	TO WHICH THIS
INSR LTR			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 occurrence	ce) \$	300,000
								MED EXP (Any one person	on) \$	Excluded
Α		Χ	X	UST030987240		01/01/2024	01/01/2025	PERSONAL & ADV INJUR	RY \$	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							(Ea accident)	- J	
	ANY AUTO							BODILY INJURY (Per pers		
	OWNED SCHEDULED AUTOS ONLY HIRED NON-OWNED							PROPERTY DAMAGE		
	HIRED AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
	UMPRELLALIAR								\$	
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS MADE							EACH OCCURRENCE	\$	
	CLAIWS-WADL							AGGREGATE	\$	
	DED RETENTION \$ WORKERS COMPENSATION							PER O'STATUTE EI	\$ TH-	
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE							STATUTE ÉI		
	OFFICER/MEMBER EXCLUDED?	N/A							\$ 0VEF \$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLO		
	DESCRIPTION OF OPERATIONS DEIOW							L.L. DIGLAGE - FOLICT L	-IIVII Q	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	ACORD	101, Additional Remarks Schedu	le, may b	e attached if more	e space is require	ed)		
Се	rtificate Holder is named as Additional In	sure	d per	form CG 2026 (12/19)						
CE	RTIFICATE HOLDER				CANO	CELLATION				
5	Seminole County Board of County Comm	issio	ners		THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES I EREOF, NOTICE WII Y PROVISIONS.		
34	450 E Lake Mary Blvd					RIZED REPRESE				

Sanford

FL 32773

POLICY NUMBER: UST030987240

COMMERCIAL GENERAL LIABILITY

CG 20 26 12 19

THIS ENDORSEMENT CHANGES THE POLICY, PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or

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

However:

- 1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
- 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:

- Required by the contract or agreement; or
- 2. Available under the applicable limits of insurance;

whichever is less.

This endorsement shall not increase the applicable limits of insurance.

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

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

SCHEDULE

Name Of Person Or Organization:	
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.

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

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

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION

This endorsement modifies insurance provided under the following:

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

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

Primary And Noncontributory Insurance

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

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

CERTIFICAT	DATE (MM/DD/YY) 12/08/23		
PRODUCER	CERTIFICATE #:	3091429-2024-1	3 09 19
Keystone Risk Managers, LLC			
1995 Point Township Drive Northumberland, PA 17867	INSURERS AF	FORDING COVERAG	E:
ADDITIONAL NAMED INSURED:	INSURER A:	Interstate Fire & Casua	Ilty Company
LAKE MARY LL	INSURER B:	National Union Fire Ins	surance Company of
5054 Otters Den Trail Sanford, FL	(Non-Liability)	Pittsburgh, PA	
Sanford, FL 32771	INSURER C:	AIG Specialty Insurance	e Company
	INSURER D:	Markel American Insur	ance Company

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

* SUBJECT TO \$5,000,000 AGGREGATE SUBLIMIT OF LIABILITY FOR ALL LEAGUES, COMBINED, UNDER THE MASTER D&O POLICY, FOR ALL LOSS ARISING FROM ALL CLASS ACTION CLAIMS AND COMMON LEAGUE CLAIMS, AS MORE FULLY DESCRIBED IN ENDORSEMENT #31 OF THE MASTER D&O POLICY.

** SUBJECT TO \$5,000,000 AGGREGATE SUBLIMIT OF LIABILITY FOR ALL LEAGUES, COMBINED, UNDER THE MASTER CYBER POLICY, FOR SPECIFIED DEFENSE COSTS, AS MORE FULLY DESCRIBED IN ENDORSEMENT #14 OF THE MASTER CYBER POLICY.

INSR LTR	ADD'L NAMED INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
Α	Х	GENERAL LIABILITY	UST030987240	01/01/2024	01/01/2025	EACH OCCURRENCE	\$1,000,000
		X OCCURRENCE		GENERAL AGGREGATE	\$2,000,000		
		X INCL PARTICIPANTS	Property Damage I	Deductible: \$250		PRODUCTS/COMP OPS AGGREGATE	\$1,000,000
		X SEXUAL ABUSE		Sexual Abuse OCCURRENCE	\$1,000,000		
		A GEXOAE ABOOL				Sexual Abuse AGGREGATE	\$1,000,000
		MEDICAL PAYMENTS				Any One Person	
С	х		014674121	01/01/2024	01/01/2025	EACH LOSS	\$1,000,000*
	^	DIRECTORS & OFFICERS	014074121	3777252		AGGREGATE	\$1,000,000
С	Х	CYBER LIABILITY COVERAGE	014681404	01/01/2024	01/01/2025	LIMIT OF LIABILITY CLAIMS MADE	\$100,000 PER LEAGUE AGGREGATE
	S&P	SECURITY AND PRIVACY LIABILITY INSURANCE		\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY** \$1,000 PER LEAGUE RETENTION			CONTINUITY DATE POLICY INCEPTION
		REGULATORY ACTION SUBLIMIT OF LIABILITY	\$100,000 PER LEA \$1,000 PER LEAGU	GUE SUBLIMIT OF JE RETENTION	LIABILITY	POLICY INCEPTION	POLICY INCEPTION
	EM	EVENT MANAGEMENT INSURANCE	\$100,000 PER LEA \$1,000 PER LEAGU	GUE SUBLIMIT OF JE RETENTION	LIABILITY**	NOT APPLICABLE	POLICY INCEPTION
D	Х	INLAND MARINE/PROPERTY FLOATER	MKLM7IM0054394	01/01/2024	01/01/2025	EACH LOSS	\$35,000 Deductible: \$500
Α	Х	CRIME	UST030998240	01/01/2024	01/01/2025	EACH LOSS	\$35,000 Deductible: \$1,000
В	Х	SPORTS EXCESS ACCIDENT	SRG9105434	01/01/2024	01/01/2025	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

Little League Baseball Risk Purchasing Group, Incorporated 539 U.S. RT. 15 Highway South Williamsport, PA 17702

CANCELLATION

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

THE POLICY PROVISIONS



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/8/2023

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.

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	is certificate does not confer rights to							equire an endorseme	III. A S	tatement on
	DUCER				CONTA NAME:					
Ke	ystone Risk Managers, LLC				PHONE (A/C, No	(570) 4	473-2150	FAX (A/C, No). (570)) 473-2151
199	95 Point Township Drive				E-MAIL ADDRE	ss: Dlrwin@	Keystoneinso		,	
							SURER(S) AFFOR	DING COVERAGE		NAIC#
No	rthumberland			PA 17867	INSURE	RA: Intersta	te Fire & Cas	ualty Company		22829
INSU	RED				INSURE	RB:				
	Little League Baseball Risk F	urch	asing	Group, Incorporated	INSURE	RC:				
	LAKE MARY LL				INSURE	R D :				
	5054 Otters Den Trail				INSURE	RE:				
	Sanford			FL 32771	INSURE	RF:				
				NUMBER:				REVISION NUMBER:		
IN C E	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY INCLUSIONS AND CONDITIONS OF SUCH	QUIF 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 RESP	ECT TO	WHICH THIS
INSR LTR		INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIF	IITS	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000
	CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence)	\$	300,000
								MED EXP (Any one person)	\$	Excluded
Α		Χ	X	UST030987240		01/01/2024	01/01/2025	PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AG		1,000,000
	X OTHER: Per League							SEXUAL ABUSE OCC/AGG COMBINED SINGLE LIMIT	\$	1M/\$1M
	AUTOMOBILE LIABILITY							(Ea accident)	\$	
	ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per person		
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE	-	
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
	UMBRELLA LIAB OCCUB								-	_
	Exerce Liab							EACH OCCURRENCE	\$	
	CLAIWS-WADL							AGGREGATE	\$	
	DED RETENTION \$ WORKERS COMPENSATION							PER OTH- STATUTE ER	\$	
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOY	- ·	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMI		
	DESCRIPTION OF OF ENVIROND BRION							2.2. 2.02. (02. 1. 02.0 1. 2	. •	
	cription of operations / Locations / Vehicl	·			le, may b	e attached if more	e space is require	ed)		
CE	RTIFICATE HOLDER				CANO	CELLATION				
С	ity of Lake Mary				THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE REOF, NOTICE WILL Y PROVISIONS.		
55	0 Rantoul Lane				AUTHO	RIZED REPRESE	NTATIVE			

Lake Mary

FL 32746

POLICY NUMBER: UST030987240

COMMERCIAL GENERAL LIABILITY

CG 20 26 12 19

THIS ENDORSEMENT CHANGES THE POLICY, PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or

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

However:

- 1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
- 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
- Available under the applicable limits of insurance;

whichever is less.

This endorsement shall not increase the applicable limits of insurance.

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

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

SCHEDULE

Name Of Person Or Organization:
City of 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

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

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

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION

This endorsement modifies insurance provided under the following:

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

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

Primary And Noncontributory Insurance

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

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

CERTIFICAT	DATE (MM/DD/YY) 12/08/23		
PRODUCER	CERTIFICATE #:	3091429-2024-1	3 09 19
Keystone Risk Managers, LLC			
1995 Point Township Drive Northumberland, PA 17867	INSURERS AF	FORDING COVERAG	E:
ADDITIONAL NAMED INSURED:	INSURER A:	Interstate Fire & Casua	Ilty Company
LAKE MARY LL	INSURER B:	National Union Fire Ins	surance Company of
5054 Otters Den Trail Sanford, FL	(Non-Liability)	Pittsburgh, PA	
Sanford, FL 32771	INSURER C:	AIG Specialty Insurance	e Company
	INSURER D:	Markel American Insur	ance Company

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

* SUBJECT TO \$5,000,000 AGGREGATE SUBLIMIT OF LIABILITY FOR ALL LEAGUES, COMBINED, UNDER THE MASTER D&O POLICY, FOR ALL LOSS ARISING FROM ALL CLASS ACTION CLAIMS AND COMMON LEAGUE CLAIMS, AS MORE FULLY DESCRIBED IN ENDORSEMENT #31 OF THE MASTER D&O POLICY.

** SUBJECT TO \$5,000,000 AGGREGATE SUBLIMIT OF LIABILITY FOR ALL LEAGUES, COMBINED, UNDER THE MASTER CYBER POLICY, FOR SPECIFIED DEFENSE

COSTS, AS MORE FULLY DESCRIBED IN ENDORSEMENT #14 OF THE MASTER CYBER POLICY.

INSR LTR	ADD'L NAMED INSRD		TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
Α	Х		GENERAL LIABILITY	UST030987240	01/01/2024	01/01/2025	EACH OCCURRENCE	\$1,000,000
,,		X OCCURRENCE		V		GENERAL AGGREGATE	\$2,000,000	
		X	INCL PARTICIPANTS	Property Damage I	Deductible: \$250		PRODUCTS/COMP OPS AGGREGATE	\$1,000,000
		X SEXUAL ABUSE					Sexual Abuse OCCURRENCE	\$1,000,000
			GENOAL ADOGE				Sexual Abuse AGGREGATE	\$1,000,000
			MEDICAL PAYMENTS				Any One Person	
С	Х			014674121	01/01/2024	01/01/2025	EACH LOSS	\$1,000,000*
	^	D	IRECTORS & OFFICERS	CERS 017077121 0170172027 0170172023		01/01/2023	AGGREGATE	\$1,000,000
С	Х		CYBER LIABILITY COVERAGE	014681404	01/01/2024	01/01/2025	LIMIT OF LIABILITY CLAIMS MADE	\$100,000 PER LEAGUE AGGREGATE
	S&P	SEC	URITY 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	\$100,000 PER LEA \$1,000 PER LEAGU	GUE SUBLIMIT OF JE RETENTION	LIABILITY	POLICY INCEPTION	FOLICY INCEPTION
	EM	EVEI	NT MANAGEMENT INSURANCE	\$100,000 PER LEA \$1,000 PER LEAGU	GUE SUBLIMIT OF JE RETENTION	LIABILITY**	NOT APPLICABLE	POLICY INCEPTION
D	Х	INL	AND MARINE/PROPERTY FLOATER	MKLM7IM0054394	01/01/2024	01/01/2025	EACH LOSS	\$35,000 Deductible: \$500
Α	Х		CRIME	UST030998240	01/01/2024	01/01/2025	EACH LOSS	\$35,000 Deductible: \$1,000
В	х	SP	ORTS EXCESS ACCIDENT	SRG9105434	01/01/2024	01/01/2025	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 Longwood 175 West Warren Avenue Longwood, FL 32750

INSURED

Little League Baseball Risk Purchasing Group, Incorporated 539 U.S. RT. 15 Highway South Williamsport, PA 17702

CANCELLATION

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/8/2023

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).

th	is certificate does not confer rights	to the	cert	ificate holder in lieu of s).				
PRO	DUCER				CONTA NAME:	David IIV					
Ke	stone Risk Managers, LLC				PHONE (A/C, No, Ext): (570) 473-2150 FAX (A/C, No): (570) 473-2151						
199	5 Point Township Drive				E-MAIL ADDRESS: DIrwin@Keystoneinsgrp.com						
						INS	SURER(S) AFFOR	RDING COVERAGE			NAIC#
Northumberland PA 17867						RA: Intersta	te Fire & Cas	ualty Company			22829
INSU	RED				INSURE	RB:					
Little League Beachell Bick Durchasing Croup Incorporated						R C :					
LAKE MARKIN						RD:					
	5054 Otters Den Trail				INSURE						
	Sanford			FL 32771	INSURE						
CO	VERAGES CEI	RTIFIC	CATE	NUMBER:	, into onto			REVISION NUM	/IBER:		
IN CI EX	IIS IS TO CERTIFY THAT THE POLICIE: DICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY (CLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT POLI	REMEI AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH	RESPE	CT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE		SUBR	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		\$	300,000
								MED EXP (Any one p		\$	Excluded
Α		X	Х	UST030987240		01/01/2024	01/01/2025	PERSONAL & ADV I		\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	SATE	\$	2,000,000
	POLICY PRO- JECT LOC							PRODUCTS - COMP	P/OP AGG	\$	1,000,000
	X OTHER: Per League							SEXUAL ABUSE OC		\$	1M/\$1M
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$	
	ANY AUTO							BODILY INJURY (Pe		\$	
	OWNED SCHEDULED							BODILY INJURY (Pe	er accident)	\$	
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAG	βE	\$	
	AUTOS ONLY AUTOS ONLY							(Per accident)		\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	`=	\$	
	EXCESS LIAB CLAIMS-MADE	_						AGGREGATE	<i></i>	\$	
		1						AGGREGATE		\$	
	DED RETENTION \$ WORKERS COMPENSATION							PER STATUTE	OTH- ER	J.	-
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE									\$	
	OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDEN			
	If yes, describe under							E.L. DISEASE - EA E			
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	1 ES //	ACOPD	101 Additional Pamarks Schodu	lo may h	a attached if more	o enaco le roquir	 			
DLS	THE HON OF OPERATIONS / LOCATIONS / VEHIC	,LL3 (,	4COND	101, Additional Remarks Schedu	ie, iliay D	e attached il more	e space is require	su)			
Се	tificate Holder is named as Additional I	nsure	d per	form CG 2026 (12/19)							
	TIFICATE LIGI DED				0411	OFILIATION					
CEI	RTIFICATE HOLDER				CAN	CELLATION					
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.						
17	5 West Warren Avenue				AUTHORIZED REPRESENTATIVE						
					TANISHEE REINEGATIONE						

Longwood

FL 32750

POLICY NUMBER: UST030987240

COMMERCIAL GENERAL LIABILITY

CG 20 26 12 19

THIS ENDORSEMENT CHANGES THE POLICY, PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or

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

However:

- 1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
- 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
- Available under the applicable limits of insurance;

whichever is less.

This endorsement shall not increase the applicable limits of insurance.

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

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

SCHEDULE

lame Of Person Or Organization:						
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.						

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

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

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION

This endorsement modifies insurance provided under the following:

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

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

Primary And Noncontributory Insurance

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

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

CERTIFICA		DATE (MM/DD/YY) 12/08/23					
PRODUCER	CERTIFICATE #:	3091429-2024-1	3 09 19				
Keystone Risk Managers, LLC 1995 Point Township Drive							
Northumberland, PA 17867	INSURERS AF	INSURERS AFFORDING COVERAGE:					
ADDITIONAL NAMED INSURED:	INSURER A:	Interstate Fire & Casualty	Company				
LAKE MARY LL	INSURER B:	National Union Fire Insura	nce Company of				
5054 Otters Den Trail Sanford, FL	(Non-Liability)	Pittsburgh, PA					
Sanford, FL 32771	INSURER C:	AIG Specialty Insurance C	ompany				
	INSURER D:	Markel American 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 #31 OF THE MASTER D&O POLICY.

** SUBJECT TO \$5,000,000 AGGREGATE SUBLIMIT OF LIABILITY FOR ALL LEAGUES, COMBINED, UNDER THE MASTER CYBER POLICY, FOR SPECIFIED DEFENSE

COSTS, AS MORE FULLY DESCRIBED IN ENDORSEMENT #14 OF THE MASTER CYBER POLICY.

INSR LTR	ADD'L NAMED INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIN	IITS
Α	Х	GENERAL LIABILITY	- UST030987240	01/01/2024	01/01/2025	EACH OCCURRENCE	\$1,000,000
``		X OCCURRENCE	- 031030907240	01/01/2024	01/01/2023	GENERAL AGGREGATE	\$2,000,000
		X INCL PARTICIPANTS	Property Damage I	Deductible: \$250		PRODUCTS/COMP OPS AGGREGATE	\$1,000,000
		X SEXUAL ABUSE				Sexual Abuse OCCURRENCE	\$1,000,000
		A GENOAL ABOUL				Sexual Abuse AGGREGATE	\$1,000,000
		MEDICAL PAYMENTS				Any One Person	
С	х		014674121	01/01/2024	01/01/2025	EACH LOSS	\$1,000,000*
	^	DIRECTORS & OFFICERS	014074121	01/01/2024	AGGREGATE	\$1,000,000	
С	Х	CYBER LIABILITY COVERAGE 014681404 01/01/2024 01/01/2025		01/01/2025	LIMIT OF LIABILITY CLAIMS MADE	\$100,000 PER LEAGUE AGGREGATE	
	S&P	SECURITY AND PRIVACY LIABILITY INSURANCE	\$100,000 PER LEA \$1,000 PER LEAGU		RETROACTIVE DATE POLICY INCEPTION	CONTINUITY DATE POLICY INCEPTION	
		REGULATORY ACTION SUBLIMIT OF LIABILITY	\$100,000 PER LEA \$1,000 PER LEAGU	GUE SUBLIMIT OF JE RETENTION	LIABILITY	POLICY INCEPTION	POLICY INCEPTION
	EM	EVENT MANAGEMENT INSURANCE	\$100,000 PER LEA \$1,000 PER LEAGU	GUE SUBLIMIT OF JE RETENTION	LIABILITY**	NOT APPLICABLE	POLICY INCEPTION
D	Х	INLAND MARINE/PROPERTY FLOATER	MKLM7IM0054394	01/01/2024	01/01/2025	EACH LOSS	\$35,000 Deductible: \$500
А	Х	CRIME	UST030998240	01/01/2024	01/01/2025	EACH LOSS	\$35,000 Deductible: \$1,000
В	х	SPORTS EXCESS ACCIDENT	SRG9105434	01/01/2024	01/01/2025	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

INSURED

Little League Baseball Risk Purchasing Group, Incorporated 539 U.S. RT. 15 Highway South Williamsport, PA 17702

CANCELLATION

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/8/2023

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).

this certificate does not confer rig				uch en	dorsement(s		equire an endorsement	. A 3t	atement on
PRODUCER				CONTA NAME:	David IIV	win			
Keystone Risk Managers, LLC				PHONE (A/C, No, Ext): (570) 473-2150 FAX (A/C, No): (570) 473-2151					
1995 Point Township Drive	E-MAIL ADDRESS: DIrwin@Keystoneinsgrp.com								
					INS	SURER(S) AFFOR	DING COVERAGE		NAIC#
Northumberland			PA 17867	INSURE	RA: Intersta	te Fire & Cas	ualty Company		22829
INSURED				INSURE	RB:				
Little League Baseball	INSURE	R C :							
LAKE MARY LL				INSURE	RD:				
5054 Otters Den Trail				INSURE	RE:				
Sanford			FL 32771	INSURE	RF:				
COVERAGES			NUMBER:				REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POL INDICATED. NOTWITHSTANDING AI CERTIFICATE MAY BE ISSUED OR EXCLUSIONS AND CONDITIONS OF S	NY REQUII MAY PER ⁻ SUCH POLI	REME ΓΑΙΝ, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPE	CT TO	WHICH THIS
INSR LTR TYPE OF INSURANCE	ADDI INSE	SUBR	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 RENTED PREMISES (Ea occurrence)	\$	300,000
							MED EXP (Any one person)	\$	Excluded
Α	X	X	UST030987240		01/01/2024	01/01/2025	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 COMBINED SINGLE LIMIT	\$	1M/\$1M
AUTOMOBILE LIABILITY							(Ea accident)	\$	
ANY AUTO	D						BODILY INJURY (Per person)	\$	
OWNED SCHEDULE AUTOS ONLY AUTOS HIRED NON-OWNE							BODILY INJURY (Per accident)	\$	
HIRED NON-OWNE AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
								\$	
UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
EXCESS LIAB CLAIMS	-MADE						AGGREGATE	\$	
DED RETENTION \$ WORKERS COMPENSATION							PER OTH- STATUTE ER	\$	_
AND EMPLOYERS' LIABILITY	Y/N								
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE		
DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
DESCRIPTION OF OPERATIONS / LOCATIONS / Certificate Holder is named as Addition	·			le, may b	e attached if more	e space is require	ed)		
CERTIFICATE HOLDER				CANC	CELLATION				
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					

DeLand

FL 32720

POLICY NUMBER: UST030987240

COMMERCIAL GENERAL LIABILITY

CG 20 26 12 19

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or 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:
 - 1. In the performance of your ongoing operations; or
 - 2. In connection with your premises owned by or rented to you.

However:

- 1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
- If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.
- B. With respect to the insurance afforded to these additional insureds, the following is added to Section III Limits Of Insurance:

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

- 1. Required by the contract or agreement; or
- 2. Available under the applicable limits of insurance;

whichever is less.

This endorsement shall not increase the applicable limits of insurance.

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

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

SCHEDULE

Name Of Person Or Organization:	
County Of Volusia 123 W Indiana Ave DeLand, FL 32720	
nformation required to complete this Schedule, if not shown above, will be shown in the Declarations.	_

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

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

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION

This endorsement modifies insurance provided under the following:

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

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

Primary And Noncontributory Insurance

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

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

CERTIFICAT	DATE (MM/DD/YY) 12/08/23					
PRODUCER	CERTIFICATE #:	3091429-2024-1	3 09 19			
Keystone Risk Managers, LLC						
1995 Point Township Drive Northumberland, PA 17867	INSURERS AF	INSURERS AFFORDING COVERAGE:				
ADDITIONAL NAMED INSURED:	INSURER A:	Interstate Fire & Casua	alty Company			
LAKE MARY LL	INSURER B:	National Union Fire Ins	surance Company of			
5054 Otters Den Trail Sanford, FL	(Non-Liability)	Pittsburgh, PA				
Sanford, FL 32771	INSURER C:	AIG Specialty Insurance	ce Company			
	INSURER D:	Markel American Insur	rance Company			

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

* SUBJECT TO \$5,000,000 AGGREGATE SUBLIMIT OF LIABILITY FOR ALL LEAGUES, COMBINED, UNDER THE MASTER D&O POLICY, FOR ALL LOSS ARISING FROM ALL CLASS ACTION CLAIMS AND COMMON LEAGUE CLAIMS, AS MORE FULLY DESCRIBED IN ENDORSEMENT #31 OF THE MASTER D&O POLICY.

** SUBJECT TO \$5,000,000 AGGREGATE SUBLIMIT OF LIABILITY FOR ALL LEAGUES, COMBINED, UNDER THE MASTER CYBER POLICY, FOR SPECIFIED DEFENSE COSTS, AS MORE FULLY DESCRIBED IN ENDORSEMENT #14 OF THE MASTER CYBER POLICY.

INSR LTR	ADD'L NAMED INSRD		TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
Α	Х		GENERAL LIABILITY	UST030987240	01/01/2024	01/01/2025	EACH OCCURRENCE	\$1,000,000
, ,	,	X	OCCURRENCE	031030967240	01/01/2024	01/01/2023	GENERAL AGGREGATE	\$2,000,000
		X	INCL PARTICIPANTS	Property Damage I	Deductible: \$250		PRODUCTS/COMP OPS AGGREGATE	\$1,000,000
		Х	SEXUAL ABUSE				Sexual Abuse OCCURRENCE	\$1,000,000
			SEXUAL ABOSE				Sexual Abuse AGGREGATE	\$1,000,000
			MEDICAL PAYMENTS				Any One Person	
С	Х		014674121 01/01/2024 01/01/2025		01/01/2025	EACH LOSS	\$1,000,000*	
C	^	DIRECTORS & OFFICERS		014074121	01/01/2024	AGGREGATE	\$1,000,000	
С	Х	CYBER LIABILITY COVERAGE SECURITY AND PRIVACY LIABILITY INSURANCE				01/01/2025	LIMIT OF LIABILITY CLAIMS MADE	\$100,000 PER LEAGUE AGGREGATE
	S&P			\$100,000 PER LEA \$1,000 PER LEAGU	GUE SUBLIMIT OF JE RETENTION	RETROACTIVE DATE POLICY INCEPTION	CONTINUITY DATE POLICY INCEPTION	
		RE	GULATORY ACTION SUBLIMIT OF LIABILITY	\$100,000 PER LEA \$1,000 PER LEAGU	GUE SUBLIMIT OF JE RETENTION	LIABILITY	POLICI INCLIFICA	FOLICT INCLETION
	EM	EVE	NT MANAGEMENT INSURANCE	\$100,000 PER LEA \$1,000 PER LEAGU	GUE SUBLIMIT OF JE RETENTION	LIABILITY**	NOT APPLICABLE	POLICY INCEPTION
D	Х	INL	AND MARINE/PROPERTY FLOATER	MKLM7IM0054394	01/01/2024	01/01/2025	EACH LOSS	\$35,000 Deductible: \$500
Α	Х		CRIME	UST030998240	01/01/2024	01/01/2025	EACH LOSS	\$35,000 Deductible: \$1,000
В	Х	SP	ORTS EXCESS ACCIDENT	SRG9105434	01/01/2024	01/01/2025	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

Little League Baseball Risk Purchasing Group, Incorporated 539 U.S. RT. 15 Highway South Williamsport, PA 17702

CANCELLATION

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/8/2023

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).

tŀ	is certificate does not confer rights t	o the	cert	ificate holder in lieu of su).				
PRO	DUCER	CONTACT David Irwin									
Ke	ystone Risk Managers, LLC				PHONE (A/C, No, Ext): (570) 473-2150 FAX (A/C, No): (570) 473-2151						
4005 Daint Tarreschie Deire						E-MAIL ADDRESS: DIrwin@Keystoneinsgrp.com					
								DING COVERAGE			NAIC#
No	rthumberland			PA 17867	INSURE	RA: Intersta	te Fire & Cas	ualty Company			22829
INSU	IRED				INSURE	RB:					
	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	INSURE	RF:					
				NUMBER:	·= ===			REVISION NUMBI			
IN C E	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT POLI	REME AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIES REDUCED BY	OR OTHER D S DESCRIBED PAID CLAIMS.	OCUMENT WITH R	RESPECT	T TO V	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	\$	5	1,000,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrer	nce) \$	5	300,000
								MED EXP (Any one pers	son) \$	\$	Excluded
Α		Х	X	UST030987240		01/01/2024	01/01/2025	PERSONAL & ADV INJU	URY \$	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	E \$	5	2,000,000
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OF	P AGG \$	5	1,000,000
	X OTHER: Per League							SEXUAL ABUSE OCC/A		5	1M/\$1M
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIM (Ea accident)	MIT \$	5	
	ANY AUTO							BODILY INJURY (Per pe	erson) \$	5	
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per ad	ccident) \$	5	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	5	
									\$	5	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE		5	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	5	
	DED RETENTION\$							DED	OTH-	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER 0 STATUTE 1	ER ER		
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	5	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMP	LOYEE \$	5	
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY	LIMIT \$	5	
DEC	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	EC //	CORD	101 Additional Bamarka Sahadu	la may b	attached if mor	anaca ia raguira	A)			
DES	CRIFTION OF OPERATIONS / LOCATIONS / VEHICL	LES (A	CORD	101, Additional Remarks Schedu	ie, iliay bi	attacheu ii more	s space is require	eu)			
Се	rtificate Holder is named as Additional Ir	sure	d per	form CG 2026 (12/19)							
CF	RTIFICATE HOLDER				CANO	ELLATION					
CL	KIIFICATE HOLDER				CAN	LLLATION					
Heathrow Master Association					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
99	995 Heathrow Blvd					AUTHORIZED REPRESENTATIVE					

Heathrow

FL 32746

POLICY NUMBER: UST030987240

COMMERCIAL GENERAL LIABILITY

CG 20 26 12 19

THIS ENDORSEMENT CHANGES THE POLICY, PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or

Heathrow Master Association 995 Heathrow Blvd Heathrow, FL 32746

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